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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON MENTHOL.

BY L. CASPER, M. D.,
Of Berlin.

The ancients already employed peppermint for many complaints, but especially as an anodyne. Pliny devotes a whole chapter to it, and prescribes both the juice and an infusion of the plant, vide lib. xix., chapter 47, and lib. xx., chapter 53, where he says, among others: "Illinitur et temporibus in capitis dolors."

For a long time neglected, peppermint has of late years again risen in the esteem of medical men in the shape of the oil prepared from it (oleum menthæ piperitæ) and the menthol, the so-called camphor of peppermint, made from the oil, which the Chinese and Japanese have for centuries been using for relieving headache, and which was especially believed to be an infallible remedy against toothache.

In 1874, Delious de Savignac published an essay on the "Ethereal Oil of Peppermint," finding that it acted more promptly in superficial than in deep-seated, intermuscular, and parenchymatous neuralgias, and that, as with opium and belladonna, such neuralgias must be traced to their origin. This he tried to attain by a subcutaneous injection of the solution of essence de menthe in distilled water, with or without an addition of a tenth part of alcohol; but owing to the subsequent inflammation and acute pain produced by it, he never employed it pure, nor in a strong solution.

A. D. Macdonald found menthol to be very re-

liable in its local application against neuralgia of the trigeminus, against toothache and sciatica. As to its antiseptic action, he says that menthol in a solution of 1 to 1000 impeded the development of bacteria just as efficaciously as phenol in a solution of 1 to 500.

Recently Dr. Rosenthal undertook a series of experiments with menthol, and with a twenty per cent. ethereal solution of menthol obtained anesthetization and decrease in volume of the thickened mucous membrane of the nose. The effect, which in some individuals appeared immediately, in others after the lapse of from one-half to one minute, consisted in the diminishing of sensibility both in the nose and in the pharynx. Inflammation or searing of the mucous membrane was not observed, but in consequence of the very acute pain sometimes intervening after the application of the ethereal solution, Dr. Rosenthal was induced to make use of a twenty to fifty per cent. alcoholic solution, which was finally replaced by an oily one.

Dr. Schmitz, after experimenting with menthol on dogs, cats, rabbits, and frogs, tried it on human beings, and then made use of it as a remedy.

The hind leg of a frog being dipped into a glass vessel containing menthol 0.685, distilled water 6.85, and 5 grammes of alcohol, Dubois's electrical sleigh-apparatus showed already within three minutes a distinct decrease of sensibility, and after ten minutes a complete anesthetization.

Menthol in this instance produced the same effect as the ethereal oils, the action of which in calming the nerves, and even preventing tetanus, was first shown by Binz and Grisor. In warm-blooded animals its anæsthetic effect on the cornea

appeared much quicker and just as distinctly. But what must be mentioned is the irritability and congestion of the conjunctiva following the application of menthol.

The animals invariably closed their eyes immediately for two to three, and in some cases even five to ten minutes, and when they then opened them a touch on the cornea proved its anesthetization in a higher or lesser degree. This was especially the case in those animals upon whose cornea pure menthol was brought which had previously been recrystallized. The complete anesthetization then lasted for half an hour, and in some experiments even from two to three hours.

In these experiments on the cornea a further observation was made that, while the cornea on being touched was entirely insensible, and the pupil dilated in darkness, the iris contracted immediately on the sunlight falling upon it.

In experiments upon the mucous membrane of the nose of dogs, the anæsthetic effect of a 10 per cent. solution of menthol could be proved in five minutes, and distinctly within ten minutes. As the irritability and congestion of the cornea were in a great measure due to the alcohol of the solution, the experiments were repeated with a 10 per cent. solution of menthol in almond oil. The irritation of the conjunctiva was then lessened, but at the same time the action of the menthol was less prompt, a peculiarity shown by most oily solutions, as carbolic oil.

In operating with menthol on human beings, a phenomenon became apparent which in animals could only be guessed at, viz: the painfulness produced by application of menthol, pure as well as in solution, in the conjunctiva. Immediately on applying the menthol a burning sensation was felt, accompanied by photophobia and flowing of tears; the pain lasted for a quarter of an hour, then a sensation of coldness ensued, followed by warmth; the refraction was normal; the congestion of the conjunctiva appearing soon after, subsisted for several hours.

Then the human tongue was experimented upon by means of the electrical induction apparatus. First the current was determined with which the effect was just to be perceived. Then menthol was applied, and after from five to ten minutes, the current again determined, with the result that a pushing inward of five centimetres was necessary to make the current distinctly perceptible to the mentholized part of the tongue; a strength of current that would have been very painful to the normal tongue.

Applied to the nose, the solution of menthol

produced, within a few minutes, a feeling of cold, extending, not upwards, but down to the tip of the nose.

The question now is: How does menthol act on the sensitive nerves? To solve this problem, the blood-vessels of a frog were tied, and its legs dipped in a solution of menthol. It could, therefore, not be absorbed and brought to the nerve-centre. When touched now with the points of an electrical induction apparatus, the sound thigh, which was not plunged into the menthol, immediately responded with a violent quivering, while the mentholized leg remained unmoved. To make things doubly sure, the nerve was now severed and its two ends put upon isolators; an irritation of the central end produced quivering, the web remaining absolutely insensible to irritation.

This goes far to prove that menthol only acts locally and not centrally, like morphia and hydrate of chloral.

The results obtained induced the author to try menthol therapeutically. He applied it externally to all painful places, in headache and all sorts of neuralgia, wherever the superficial situation of the nerves seemed likely to promise success, either in the shape of an ointment (one to ten), or in alcoholic solution. It was besides employed instead of cocaine in cases of difficult dentition. Internally, it was administered in complaints of the stomach and bowels, when appetite and digestion were disturbed, and in chronic catarrhs of the lungs with viscons expectorations and scant sputa. For from the observations that menthol brought upon the tongue and mucous membrane of the mouth caused a plentiful secretion of saliva, it was inferred that by exciting the action of the secretory nerves it would serve both to increase the secretion of the gastric and intestinal juice, and to liquefy the viscons mucus of the alveoli of the lung, thus rendering expectoration easier.

These theoretical conclusions were confirmed by practice. Internally, menthol was administered in an alcoholic solution of 0.1 to 0.25 to 180.0 of distilled water; some of the menthol, it is true, is precipitated again, but is easily dissolved by warming a little the bottle previous to taking the medicine. The author was quite satisfied with the therapeutical results obtained, and advises a trial, the more so as menthol is comparatively cheap.

Its disinfecting qualities, as stated by Macdonald, are hardly to be doubted, for ethereal oils have all, more or less, a deadly effect upon bacteria.

The experiments and the trials in practice lead to the following conclusions:

1. Menthol is an anæsthetic for those sensitive nerve-terminations with which it can be brought in direct contact.

2. It strongly excites the action of the secretory nerves.

TYPHLITIS AND PERITYPHLITIS.

DEATH BY STRANGULATION OF A PORTION OF THE ILEUM.

BY T. M. T. MCKENNA, M. D.,

Of Dixmont, Allegheny Co., Pa.,

Assistant Physician Western Pennsylvania Hospital for the Insane.

L. S. W., age 24 years, male, was taken with severe pain in abdomen on March 6. Examination showed an enlargement in right iliac region about the cæcum. For several weeks he had complained of feeling unwell. His color was bad; yellowish. In walking he leaned towards the right side, and had slight numbness of right leg, with fleeting pains in region of groin. A dose of castor oil, followed by an injection, brought away a large amount of feces, and afforded considerable relief. Patient was put to bed, and on March 7 had another attack of severe pain in abdomen. Morphine was given. Temperature 100° ; pulse 100; respiration 34. Troubled very much with flatus. Stomach very irritable, and could take very little nourishment. Lump in right groin quite hard and about the size of an egg; could not be well defined. Great restlessness and sleeplessness. Continued in the same condition until March 12, when a voluntary passage of quite a large amount of feces occurred, along with a considerable amount of fluid which had the appearance of bile, and which was excessively offensive. The symptoms all improved. *The lump in groin almost disappeared.* Temperature and pulse fell almost to normal. Symptoms continued to improve until the evening of the 14th, when pulse and temperature again rose. Patient became delirious, but became rational in the morning when the temperature and pulse fell. This condition continued until the 17th. Patient would be better during the day, to become delirious at night, with a decided rise of temperature and pulse.

On the 19th, an examination of the rectum disclosed a large tumor pressing on the rectum in front. This was diagnosed as an abscess, and was aspirated with the result of evacuating over a pint of extremely fetid pus. The cavity was washed out with a solution of bichloride of mercury, until the fluid drawn was almost clear. The

relief was immediate and great. Temperature and pulse fell to normal. Patient fell into a calm sleep, and when he awoke wanted nourishment. Continued to improve until the 23d, when another rise of temperature and pulse occurred, and he was greatly troubled with gaseous distension of bowels which could not be relieved. Examination per anum revealed a re-accumulation of pus. This was again aspirated, and about three ounces of pus evacuated. The cavity was washed out, and again the patient experienced relief, but not such great relief as after the first aspiration.

Six hours after the aspiration severe pains came on in the abdomen, and one-half a grain of morphia was given before relief was obtained. Temperature and pulse rose. Patient eructated gas of a very offensive odor during the night of the 23d, and on the morning of the 24th vomiting set in. Vomited matter of a yellowish color, very offensive, and became almost stercoraceous. This continued until the morning of the 27th, when death occurred.

Post-mortem four hours after death.—Abdomen only examined. Crucial incision. First thing revealed was enormous distension of *small intestine*. Large intestine collapsed. Cæcum contained a small amount of hard feces. Head of colon and cæcum were congested. Vermiform appendix was found enlarged, congested, and bound down along with its mesentery to brim of pelvis. Mesentery dropping in cavity of pelvis and bound down to its side. A perforation existed in vermiform near its cæcal attachment. One hard body (hardened feces), size of a bean, was found in the vermiform, another one was found in the pelvic cavity, having evidently escaped through the perforation and dropped into the pelvis. The perforation occurred right into the peritoneal cavity, and the pus sank into the pelvic cavity, seeking the most dependent portion. It thus lay within the peritoneal cavity and formed the tumor which was discovered pressing on the rectum, and when evacuated the aspiration took place right into the peritoneal cavity. No defining wall or sac was formed. No general peritonitis had existed, at least there was no pathological evidence save some slight congestion. There was evidence of pelvic peritonitis, and the principal point where it occurred was at the brim of the pelvis, posteriorly, about five inches from the ileo-cæcal valve. A knuckle of the ileum (about four inches in length) was bound down by fibrinous lymph to the brim of the pelvis, and was almost in a condition of sphacelation. Death was evidently due to strangulation of the ileum.

The especial point of interest in this case is the fact that although this pus must have lain within the peritoneal cavity for seven days, yet no general peritonitis ensued. The tumor in the groin almost disappeared on the 12th, the pus was drawn off on the 19th. We conclude that the perforation was coincident with the disappearance of the tumor in the groin.

This pus was not laudable, but was sanguineous in character and very offensive, due no doubt to decomposition of a small amount of feces. The termination of the case, by strangulation of a portion of the intestine, is certainly unusual in cases of this disease, though cases have been recorded as terminating in this way.

This case, obscure in many particulars during life, is rendered plain in the light of a post-mortem examination. Aspiration of this abscess, before perforation occurred or an exploratory incision at this time, might have caused a different result in this case.

After perforation occurred, the question arises, Would an exploratory incision have been advisable?

The light which the post-mortem examination sheds on the case leads me to think that an exploratory incision into the abdomen might have been serviceable had it been done shortly after the perforation occurred.

ALOPECIA.*

BY DR. LASSAR,
of Berlin.

The circular alopecia, which according to Dr. Michelson, must occur without any irritation of the surrounding parts, can, on the contrary, according to the degree of its intensity, show the most various symptoms, and either be followed by considerable scurf and excretion, or take its course without any irritation of the neighborhood. The final termination of the malady is altogether uncertain in an individual case. The process may heal of itself, like every infectious disease, but there is no knowing whether it will be followed by regeneration or by absolute and lasting baldness. On the other hand, it is most certainly possible, with the help of the curative means I have already indicated, to bring the process to a stand-still from the first day, and to gradually bring about a complete regeneration. The further course of such a case will then show that the assumed nervous influences on the disease are clinically of no practical value. From the course of the process it would rather seem as

if some noxious agent chooses certain favorite spots, whence it continues pushing forward.

The two patients whom I have the honor to introduce to you, were, a year ago, completely bald, in a manner that quite disfigured them. This gentleman had been attacked by alopecia areata, so that his head was only covered by circular lines that were irregularly interwoven. The process would not go back, although the patient had applied to competent medical men, and tried every possible remedial measure; but, on the contrary, for about nine years the disease was steadily progressing. Not until the remedies recommended by me (tar-soap, 2 per cent. sublimate, alcohol, and salicylic oil) had been most conscientiously applied by the patient, did the falling off of the hair cease and the bald places cover themselves with a new growth. But some spots obstinately resisting regeneration, I had recourse to a popular remedy that had been recommended me by a colleague in the country, the well-known *adeps colli equini*, which in some places is used in the shape of pomatum. It somehow being possible that this preparation possessed some useful properties, owing perhaps to its absorbibility, I had it mixed with salicylic and carbolic acid, and indeed employed it successfully, for, as the patient graphically expressed it, he felt as if his head had been manure, so rapidly did the hair grow. I must add that his is not the only case where the fat of horse's comb proved of avail.

In the gentleman not the slightest trace of disease is now to be found, while the other patient, a young lady, treated for some time by Dr. Hirschfeld, although a complete regeneration of the hair has likewise taken place, still shows two or three distinct small circles, with newly-developed alopecia areata, the best proof that it is not a general functional disturbance but a local infection we have before us.

I have collected a great many observations in the same sense, and believe that clinical experience will confirm this experimental evidence.

LAPAROTOMY IN A CASE OF GUNSHOT WOUND OF THE INTESTINES.*

BY AUGUSTUS V. PARK, M. D.,
Of Chicago, Ill.

M. S., a butcher-boy, aged 16, of slight stature, formerly in poor but lately in good health, was shot on September 1, 1885, at 3:30 p. m. A pistol ball, of calibre 22, fired from a distance of forty-

* Read before the Berlin Medical Society.

* Read before the Chicago Medical Society.

five feet, entered the abdomen at a point midway between the symphysis pubis and umbilicus, two inches to the left of the median line. The patient was removed in a farmer's spring wagon from the place where he was shot to his home, a distance of seven miles. A dressing was applied, and at 1 p. m., the next day, he was taken to the Michael Reese Hospital. The patient arrived nearly exhausted; his temperature was 100° F., pulse 130, weak and intermitting. His respirations were 30, his abdomen tympanitic, especially high on left side. There was no liver dullness, giving rise to a theory that the liver was crowded upward by extravasated blood. At 1:30 p. m., laparotomy was performed, the incision being made directly over the seat of the wound. We could not find any wound of the peritoneum, or where the ball passed through it. As the peritoneum was opened, decomposed blood rushed through the opening with great force. Blood and blood-clots which quickly formed were removed with sponges; the intestines were drawn out and examined for wounds. The first wound found was an abrasion, the ball not having entered the intestine. There was but little hemorrhage, and the wound was closed by the interrupted cat-gut suture. The second wound, half-inch in diameter, opened directly into the intestine. A small mesenteric artery was found divided, and tied. All hemorrhage ceased. The wound was closed by interrupted suture; no further injury could be detected. The abdominal cavity was cleansed with one (1) per cent. solution of carbolic acid; the intestines were washed, carefully examined, and returned. The abdominal incision was closed by two sets of sutures, the peritoneal surfaces were approximated and closed by continuous suture.

At 5:30 on the morning after the operation the patient died. Seven hours later an autopsy revealed commencing peritonitis, the small intestines being apparently agglutinated together. A few blood clots and a quantity of extravasated blood were found in the peritoneal cavity on the left side. A contused wound of the rectum was found near the sigmoid flexure, the ball being deflected from this position into the muscular tissue below, where it was found imbedded. This case justifies the opinion of various eminent surgeons that we cannot tell the direction the bullet takes from the position of the wound of entrance or exit. From the conditions existing in this case, I am of the opinion the case would have terminated favorably had I been able to perform, with antiseptic precautions, laparotomy immediately after the injury.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL OF PHILADELPHIA.

SERVICE OF DR. J. M. DA COSTA.

The Sequelæ of Sunstroke.

This man has had a most remarkable history of casualties. In 1852, he was cut in the head; in 1854, he was bitten by a dog; in 1856, he was cut over the eye; in 1857, he was dragged and nearly killed by landanum; in 1858, he was thrown from a horse; later, he was cut in the back of the head, thrown several times from horses, was struck by lightning, had hepatic fever, dislocated his ankle, was injured in the side, and somebody jumped on his head, so that he now really ought to have what he claims is the matter with him, namely, "*nervous prostration*." His present troubles date from a sunstroke in 1872. One year after the stroke he commenced to have epileptiform convulsions, never having had any before. He has warnings of these attacks in a sense of suffocation. His eye-ground presents nothing abnormal; there is nothing wrong with the heart; his urine is negative. These attacks are always more frequent in warm weather. Sunstroke is not infrequently followed by epileptiform attacks, which are incomplete in their nature; there will be vertigo, twitchings of the muscles, etc. Remember that sunstroke is really a heat fever, and it often leaves behind it a low grade of meningeal inflammation. This condition is very controllable, and the drug, par excellence, in such cases is belladonna, three drops of the tincture thrice daily. Remember that these attacks are specially liable to be brought on by a close, warm atmosphere, which should be avoided. The head should be kept cool and the bowels open. Belladonna is better in these cases than the bromides, but you must remember that we are not talking about full-fledged epilepsy.

Acute Bright's Disease.—Cure.

This man, aged forty-four, came to the hospital last June with a history of four or five weeks' sickness. The urine was scanty and contained albumen; there was oedema of the face and legs, and he was feverish, as well as short of breath on exertion. He has now an irritable heart, the first sound is feeble, the second sharp and distinct; the heart is slightly dilated. There is now no albumen and no oedema, the acute kidney disease has been cured. When first seen, he was using Basham's mixture and Rochelle salts for some time, and his condition remained the same. The treatment was then changed to sulphate of magnesia every morning, and one drop (increased to five) of a centesimal solution of nitro-glycerine thrice daily. The question now arises whether the nitro-glycerine cured him. This drug undoubtedly does good in Bright's disease when there is not too much structural change, but we also know that acute Bright's disease has a tendency to get well under the use of diuretics and laxatives; hence, since both methods of treatment have been employed, we cannot say positively which has effected the cure, though Dr. Da Costa inclines to credit it to nitro-glycerine. We can-

not give this man digitalis for his feeble heart, because it is a diuretic, and he is already passing too much water. He will, therefore, be ordered one-quarter of a grain of strychnia thrice daily.

Tetanol Epilepsy.

This young man has had four convulsions, before each of which he has premonitions; for some time he will talk nonsense for half an hour before the convulsive seizure. In the face he has tonic and in the limbs clonic spasms. His heart is normal and urine negative. Six months before his first attack he received a wound of the ankle. He has no *aura*, that is not ascending, he sometimes has pain in his head, which goes down to the back, before these seizures. This wound of the ankle was slow in healing. It would seem that this cicatrix has implicated a nerve, and by reflex action, causes the seizures. Dr. Da Costa related the case of a lad who had similar attacks after a wound. The cicatrix was out, the seizures at once ceased, and he has since grown to be a robust young man. He will strongly urge this remedy here. The operation is a trifling one, and it should include all the hardened tissue about the cicatrix. In the meantime, he will order him decided doses of the bromides: bromide of sodium (fifteen grains), bromide of ammonium (five grains), and bromide of potassium (ten grains), three or four times daily. He will also be placed on a milk diet, and means used to lessen the irritability of the nervous system.

SERVICE OF PROFESSOR PARVIN.

Retroversion of the Uterus.

While retroversion does not make a very brilliant clinic, said Dr. Parvin, it yet furnishes a most eminently practical one, for you will encounter one hundred retroversions to one laceration or ovarian tumor, and he who can successfully treat a retroversion has his future success assured, for one woman cured of this troublesome displacement will prove a life-long and valuable advertiser. In order that you may diagnose a retroversion, the fingers must be well pushed up in the vagina, as much as their whole length. Acute retroversion may be produced by blows or falls, and this condition is liable to occur after abortions or normal labor. We hear some men say that it is caused by getting up too soon after labor, but Dr. Parvin tells us that it is more frequently caused by too long retention of the prone position. A woman whose labor has been normal should not remain on her back after the first week. Subinvolution, from anemia and other factors, is a cause. Relaxation of the utero-sacral ligament will allow the os and cervix to tilt forwards and the fundus to be thus retroverted. If this ligament holds its part in position, it will be seen that the fundus cannot go back. When, by internal and external manipulation, we fail to find the fundus where it ought to be, having previously felt the cervix, we know that it is out of position. We will also have pain in the groins, because the uterus is pulling on the round ligaments, and also low down in connection with the utero-sacral ligament from the same cause. In this case he pulls the womb back into position with a tenaculum, and keeps it in place with a tampon saturated with glycerine. *Nux vomica*

is ordered to restore tone to the utero-sacral ligament. The bowels will be moved daily, and after the movement she will have an injection of cold water. Electricity will also be used to tone this ligament. When the womb is subinvolved, ergot will reduce its size. If anemic, she will be appropriately treated constitutionally. She will improve in a month (when a pessary will be substituted for the tampon), but it will take six months to make a cure, and maybe you can never cure. Be careful not to promise too much.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. H. C. WOOD.

Insanity.

With his usual practical ideas, Dr. Wood bemoans the fact that insanity is a *terra incognita* to the physician graduating from our best colleges, yet he is frequently called upon to treat such patients and should have a knowledge of the subject. He therefore proposes to make some remarks that will prove of service to the general practitioner, and keep him from being *at sea* when called to such cases. After some preliminary remarks, in which insanity is practically defined as a disturbance of the intellectual functions, so great as to be beyond the power of the will to control its erratic manifestations, Dr. Wood thus classifies his subject:

INSANITIES.

A. Insanities not dependent upon a previous neurotic condition.

B. Insanities, the evidence of a continuous neurotic vice.

B. Insanities caused by organic disease, toxæmia, or injury.

A

(a) Not dependent upon evolution of life.

(b) Dependent upon evolution of life.

1 a. Profound or emotional disturbance.

2 a. No emotional disturbance.

Mania,

Melancholia,

Katatonia,

} terminating in dementia,

and forming the great mass of cases of insanity. (His further classification we will give in our next report, as this goes as far as he went in this lecture.—REPORTER.) This classification is as good as any. There have been many classifications made, and where we note this fact with any disease, we may be sure that the knowledge of the subject is very incomplete. We may consider that the word insanity represents all cases where there is no known organic lesion, and excludes parietic dementia, etc., where there are known organic lesions. *Katatonia* is a very peculiar and rare form of insanity, of which Dr. Wood has never seen a case, and there are only two or three reported in this city, in which the emotional nature is neither exalted nor depressed. There exists a peculiar pathetic condition.

Mania.

Mania is a condition of the emotional and intellectual faculties, in which there is great exaltation, with a most decided weakness of the inhibitory power of the will. The lower functions of the intellect are rather more affected than the

higher. The perceptive faculties are more acute, while the reasoning and the other higher faculties are, in reality, depressed. There is an over-acuteness of the senses, but there is an absence of logic. There is a marked loss of will-power, and the patient seems no longer able to control the lower functions. Acute mania is usually preceded by a depression of spirits, but there are seldom delusions in this initial stage, so that in this way the diagnosis can be made from melancholia. The world seems to such a one far off and "out of sorts." Dyspeptic symptoms are often marked. There is not enough mental aberration to warrant the observer in pronouncing the patient crazy. There is apathy and loss of memory. The diagnosis in new cases is not yet possible. When we have the factor of heredity and the history of previous attacks, we can, however, foresee the coming storm; in fact, patients themselves often anticipate what is coming and voluntarily place themselves in asylums. After six or eight weeks the mania develops. Mania may sometimes come on suddenly, without prodromata, when there is no trouble in diagnosis. After the stage of depression the patient becomes exceedingly happy; performs, perhaps, an excess of intellectual work; there is an exaltation of mental activity, and the patient feels himself capable of accomplishing anything; he is restless, and there is a sense of increased physical power. The sexual desire is also increased. When fully developed, there is intense excitement. At first the manifestations are usually those of pleasure, but after the lower passions become excited, and the disease is fully developed, they assume the form of anger, fury, excessive sexual appetite, satyriasis, or nymphomania. We must draw the distinction between erotomania, which means rather a melancholy condition and Platonic love, and satyriasis and nymphomania, which mean excessive desire for and gratification usually of the sexual act. As time goes on, the talk becomes more or less incoherent, due to the fact that he thinks faster than he can formulate the result of his thought—faster than he can talk. The muscular system becomes excited, and he is restless. Sometimes physical power is actually increased, at others it is not, but they possess wonderful powers of endurance. It would seem almost as though at other times voluntary actions now became involuntary, so great is this power of endurance. The delusions of mania are not systematized and not fixed. A delusion that would cause fear in the melancholic will arouse anger in the maniac. In violent frenzy there is usually complete blunting of the senses, and the patient is very filthy, bedaubing everything with his own excrement. Destructiveness is often associated with delusions. (Two cases were here shown presenting the symptoms described above.) Dr. Wood has derived more benefit in mania from the hydrobromate of hyoscyne than from any other drug; the dose is $\frac{1}{4}$ of a grain hypodermically, increased to $\frac{3}{4}$. There is a peculiar condition of the hair often noted in maniacs. It stands out straight from the head, as though electrified. It is an erroneous view, generally held, that maniacs are very strong; sometimes they may exhibit short spasmodic periods of unusual strength, but the increase, as already stated, is rather in their

power of endurance. Be careful about approaching a maniac, for you do not know what he may do. Dr. Wood was once called to see a gentleman whom he found calmly and quietly sitting in his library; but as he approached him he was greeted with a kick on the shins that left no doubt in his mind of the man's insanity. Recovery from mania is usually rapid. It is hard to give the duration, but the nearest approach to it would probably be to say about five months. The prognosis is usually good for the present attack; probably eighty per cent. of first attacks recover; but relapses are very frequent. Death rarely occurs, and then only from inanition, for it is sometimes very difficult to nourish these patients. When they neither die nor recover, they run on to chronic mania, with an impairment of all the functions, lack of coherency, inability to follow out a line of thought, hallucination, delusion, and, after years, dementia. In the great majority of cases, the treatment of acute mania will consist in signing a certificate and sending a patient to an asylum, though if means are abundant, the treatment can be carried out just as well, and oftentimes better, at home. The patient must be protected from himself; the room well padded if he is violent, and there must be plenty of trusty care-takers. Feeding is a most important therapeutic consideration. The waste of tissue, due to the constant muscular activity, is enormous, and it must be repaired. If he refuses food, and will not open his mouth, he must be fed by a tube through the nostrils.

Dr. Wood does not derive good results from the bromides. In this hospital we use hyoscyamine and morphia; the latter will quiet the patients, though it may not cause sleep. Of course, chloral will produce sleep if given in sufficiently large doses, but we must remember that it is a dangerous drug in very large doses. Counter-irritation (blisters) and cold to the head are recommended. Maniacs get well quicker than melancholics.

SERVICE OF DR. W. S. JANNEY.

Strangulated Hernia.

Dr. Janney concludes a course on hernia by saying that the ordinary impression that the operation for the relief of strangulated hernia is a formidable procedure is altogether erroneous, for, on the contrary, it is one of the simplest operations in surgery, one that all should be prepared to perform, and that no one should fear. Taxis should never be persevered in for more than ten or fifteen minutes. The ordinary history of a case of strangulated hernia is for the family physician to be called, mayhap at night. He works a while and fails to reduce. He leaves, promising to call the next day. He manipulates some more, and pursues this policy of delay, perhaps, into the second day, when the patient becomes so ill, that surgical aid is summoned. But it is too late; the gut has become gangrenous, and if the man does not die, the most we can hope for is an artificial anus. Before etherizing for taxis, always explain the situation to your patient, and secure his consent for operation; then, if you fail by manipulation, lose no time, but operate at once. The great danger is the fear of the knife, and the want of knowledge of anatomy so common among surgeons. Who ever saw Dr. Agnew go about an

operation hesitatingly? it is because he taught anatomy for twenty years, and dissected ten hours daily for many years. He never fears, because he knows the nature of the part he is invading. Always be well posted in your anatomy before an operation, and then go ahead fearlessly. Always try first to reduce the hernia before you nick the ring; this you can sometimes accomplish by pulling out one end of the convolution of the gut, while with the other hand you press back the other end. The only danger in this operation is from hemorrhage. You may cut the epigastric artery (though not likely), but if you do, you can easily seize both ends and ligate it. In femoral hernia you may cut a branch of the obturator artery, which (sometimes) runs along the back of Gimbernacht's ligament. This is more serious, because it contracts with the ligament, and is hard to get at, but if it is in this anomalous position, you can feel it pulsating and avoid it.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WILLIAM GOODELL.

Suspected Pregnancy.

You will repeatedly have come to you a woman who suspects that she is illicitly pregnant, and will want you to relieve her. Remember that it is a great sin, not only against God, but a crime in the eyes of human law, for you to interfere. Some years ago a prominent physician, in this city, in large practice, was approached by a poor Irish girl, who had "gotten herself into a scrape." Out of sympathy for her, he brought on a miscarriage. Subsequently she became ill, not seriously so, but enough to frighten her; she sent for a priest, told the whole story, and gave the doctor's name. The priest preferred charges against him, he was arrested, kept several days in jail owing to the magnitude of the bail demanded, was tried, and only acquitted after a most vexatious trial, that so preyed on his health that he died shortly afterwards. In another case, where the work had already been done, the physician who was called in, in order to screen the girl, carried the baby away, and, fortunately, put it into a bottle of alcohol in his office. Later on, a priest suspecting an abortion, investigated the case, had the doctor arrested, and it was only by the extenuating circumstance that he had kept the baby (which he would not have been likely to have done had he produced the abortion), that he was acquitted. The laws of this State compel us to give evidence in such cases. We are required to notify the authorities when such cases come under our observation. You should steer clear of such cases. If a person comes to tell you about such a case, shut him or her up at once, and refuse to have anything to do with the matter.

A friend once came to see Dr. Goodell to tell him that he had such a case. Dr. G. told him that since he was in a scrape he would go with him to see the patient, but advised him to at once see the coroner's physician, and, confidentially, tell him of the case. This he did, and thus put himself right before the law. Only this morning a doctor told Dr. Goodell that a rich man had offered to fill him up a check for any sum he might name, if he

would only produce an abortion on a girl for him. The temptation will oftentimes be very great, but so also is the sin and the crime, and you must be firm. It is right enough for you to help a poor girl to conceal her shame, but never be a party to her crime.

Well, now, this unmarried girl comes to us because she thinks she is pregnant, and hopes we can do something "to put it away." "What makes you think you are pregnant?" Dr. G. asks. "Because I have placed myself in a position to become so, and have not seen my courses for two months," the girl replies. As a rule, we cannot swear to pregnancy until we can hear the foetal heart-sounds; but there is strong presumptive evidence if the os is soft like one's lips. When the os is as hard as your nose, you may be reasonably sure that there is no pregnancy. Once in a long time a fibroid tumor will give us a soft os and cervix, but this is very exceptional. This condition we will find as early as the end of the first month, though it becomes more marked as pregnancy is farther advanced. No matter what station in society a woman may occupy, no matter howsoever exalted her position, when we find a soft os and cervix, we have a right to suspect pregnancy. Here there is a little softening, but very little. Her abdomen is too fat to circumscribe the womb and discover whether it is enlarged, so that evidence is here lost. There is only a shade of darkness about the nipple, not as much as there ought to be in pregnancy. This woman may not be pregnant, and may be suffering only from amenorrhœa. We will give her Bland's pill.

R. Dried sulphate of iron,
Carbonate of potassium, ʒiij.
Glucose, q. s.

M. ft. pil. No. xlviii.

S.—Two thrice daily for one week and then increase one at each dose.

If she is not pregnant, this will bring on her menses, while if she is pregnant, it will not cause a miscarriage. Remember that a natural abortion is not very dangerous; it may be likened to a ripened apple dropping from the bough. For some reason the ovum has become detached from the womb, and it passes harmlessly away. But if you pluck a green apple, you will tear also the bough or break the stem from the fruit; so when you produce an abortion, you tear the ovum from its firm adhesions to the uterus and cause lesions that may result in septicæmia.

Laceration of the Cervix Uteri.

This woman has had two children and two miscarriages. In this case we have had the rare phenomenon that sometimes occurs, of menstruation during seven months of the pregnancy. Bad lacerations usually occur in forceps cases: why this is he does not know; he can understand how the cervix can be lacerated when the forceps are introduced within the uterus, but the majority of doctors do not so use them. It is only in rare cases that we are justified in putting up the forceps into the uterus. When the pelvis is large, and the head low down, almost at the vulva, but still covered by the uterus, and the woman's strength is giving way, or convulsions seem im-

minent, then we may use them so. The tendency of the day is to use the forceps too freely. Here there is a bad, bilateral laceration, worse on the right side, so that the probability is that in the labor that caused it there was a right occipito-posterior position, and such labors are usually tedious and difficult. We can feel the cervix turned or twisted over like a piece of split celery, and the delicate lining membrane is raw, because of the exposure and attrition with the walls of the vagina. Every time the penis is introduced, it rubs on it as well. This woman has also retroversion, which is a frequent accompaniment of laceration. The operation for lacerated cervix is a very much abused one; it is performed altogether too often. A mere tear signifies nothing, unless there is this turning out or ectropia; when there is no eversion, it signifies nothing, though it may cause sterility. It has now been satisfactorily settled by observation that in fecundation there is not only the ejaculation from the penis, but there is also a suction from the womb; the os opens, as it were, and aspirates or sucks in the semen. If there is a laceration, this suction cannot occur, any more than you can draw water into a syringe with a split nozzle, if any portion of the split is above the water mark. When there is no, or very slight, ectropia, the local use of tincture of iodine, or of nitrate of silver, at long intervals, will suffice. But when the laceration is bilateral and there is much ectropia, the operation is demanded.

Metrorrhagia.

We must draw a clear distinction between metrorrhagia and menorrhagia. The former means a bloody flow from the uterus, that may be independent of the periods, while the latter means an excessive flow at the menstrual epochs. This woman complains of metrorrhagia. The womb is not large enough to account for a fibroid, which always causes enlargement. An unmarried woman of 45 is liable to have metrorrhagia, due to fungous growths. The constructive energy of the womb is very great; nature intends that it shall build, and if this energy is not utilized in the way of pregnancy, it seeks some morbid field for its action. Congestions and growths ensue. Such growths will be found in widows and married women who use preventive means. If there were a polypus, this womb ought to be larger than it is (it measures about three inches). He now proceeds to *curette* or scrape this womb. There are two currettes, one sharp and one dull; you had better use the latter until you acquire dexterity, else you may do harm. He holds the cervix with a tenaculum and finds that the *curette* will not go in; so he dilates with the dilator and gets it in. This womb is very hard, and has probably been treated with nitrate of silver, which was the great treatment ten years ago. The womb is so very hard, so sclerotic, that Dr. Goodell thinks probably there is an intra-mural fibroid, or at least a fibroid condition of the organ. But even in these cases scraping away the vegetations will do much good. Metrorrhagia may be caused by disease of the ovaries, reflexly setting up a congestion of the uterus. After scraping away these granulations, he injects tincture of iodine into the uterus to destroy those granulations that have been bruised

without being removed, and also as a disinfectant for these bruised granulations may decompose and cause septic infection. As he brings out the applicator, the cotton is gone—it has been left in the uterus. Do not let this occurrence annoy you. You can bring it out with forceps or a tenaculum, or if you cannot, let it alone and it may come out of its own accord. If not, you can etherize the patient, dilate the womb, and remove it. Sponge-tents sometimes break off, a portion remaining, and you can remove them as above. Metrorrhagia can be controlled by ergot, gr. xx., and chloride of ammonium, gr. x., thrice daily. If this does not suffice, dilate the cervix with a sponge-tent and look for the cause. You can generally find a cause; but in some cases you cannot; obstinate cases will sometimes baffle all treatment. You may treat for anemia and do no good; and some of these cases can only be explained on the hypothesis of an irritation from the ovaries, and that must be relieved. A combination of a bromide and digitalis is good. Ergot may cause too great a flow at the menstrual period; if so, we must use tinct. digitalis (five minims) and aromatic sulphuric acid (twenty minims) every two hours. When the flow is checked or any head symptoms supervene, as fullness, glaring, obscurity of sight, etc., we must stop the digitalis. If these remedies fail, we may try oil of erigeron (five drops every hour) in capsule or on sugar. After a while it will derange the stomach, but it usually cures the metrorrhagia first. If this does not suffice, we may try gallic acid, not as the books tell us, but in doses of ten to fifteen, or even twenty grains. The only drawback to it is that it is likely to produce constipation. If all these means fail, we must resort to the tampon. Use a sponge, the size of a lady's fist; pass a string through, not around it, and tie the two ends together. If you tie around it, you destroy its elasticity. Dip it in vinegar, which will serve as a disinfectant and a hæmostatic. Smear with vaseline, particularly if the vulva be small. Pack it up close, and there is usually no more trouble. Do not leave it in without removing for longer than twenty-four hours, as it will smell atrociously and may cause septicæmia. We may then take it out and put in another. Be careful not to let the tampon press on the urethra, or you may be called to relieve retention of urine, which will be no trifling matter if you live some miles away.

SERVICE OF DR. D. HAYES AGNEW.

Carcinoma of Knee.

This poor woman has an enormous swelling over the knee; there are nodosities over the surface, which disabuse us of the idea of an abscess. The veins are prominent. She is losing flesh and strength. If there were no implication of the glands of the groin, it would be proper to amputate high up, at the hip-joint, probably. But here the glands are tender and enlarged, and no operation should be thought of; besides, she is too much run down to stand it. She is now beyond the surgeon, and all we can do is to palliate her condition. She will be given bitter wine of iron and Fowler's solution; arsenic may retard, but cannot cure this condition. This is a carcinoma with some elements of sarcoma.

Elephantiasis.

This colored man, age 21, has a growth of the legs and scrotum that commenced two or three years ago. There are two forms of elephantiasis: *E. Græcorum*, and *E. Arabum*. The former is most common on the face, and affects only the true derm, while the latter form is an affection of the cellular tissue. It is uncommon outside of China, Japan, Arabia, Syria, and Norway, in which latter country there is a hospital specially for this disease. When we cut into this tissue we find it hard, and the veins are large and patulous, and attached to the surrounding tissue, and around them is an abundant deposit of lymph corpuscles. The hemorrhage in this operation is always profuse. No internal remedies will do any good, and our only resort is operation. We will strap the tumor with an elastic bandage, to drive out the blood as much as possible, put an elastic cord about the pedicle, cut down and hunt the testicle, isolate it and cut away all morbid tissue, making two flaps to cover the testicle. This operation is very tedious, owing to the fact that all the veins have to be tied, and it may consume two or three hours. The last one removed in this hospital was by Dr. Neill, and it consumed several hours. The operation will be performed next week.

MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

Discussion on Laparotomy in a Case of Gun-shot Wound of the Intestines. (See page 492.)

Dr. F. E. Waxham said Dr. Park was entitled to a great deal of credit for presenting to the Society his paper and the specimen, because it is the report of a case which terminated unfavorably. He thought the chances of the patient would have been better if he had been allowed more quiet. His frequent removals must have loosened the blood clots and increased the hemorrhage and prolonged the shock. If he had recovered he would have thought it almost miraculous, for it is one of the maxims of abdominal surgery to have complete and perfect quietude for the patient.

Dr. R. Tilley said the study of gun-shot wounds of the abdomen is interesting to every member of the profession, no matter in what particular direction his favorite studies may lead. Any one of us may find ourselves confronted with the responsibility associated with such cases when delay in action may be culpable. Relative to the case before us, he should not only not consider a recovery miraculous, but deem the conditions associated with it more favorable than, on the average, can be expected. One of the conclusions formulated by our president before the American Medical Association in Washington in 1884 is, in opening the abdomen to look for gun-shot wounds, the incision should be in the median line, regardless of the bullet wound. This procedure certainly facilitates efficient inspection, but in the present case it was ignored. He regretted that the cause of failure of the operation had not been thrown into stronger relief, and he felt like ask-

ing our president, Dr. C. T. Parkes to formulate the lessons he would draw from the failure of this operation. Of course the case will go on record as one of operation after gun-shot wound of the abdomen associated with failure, and will tend to develop hesitation in the mind of the general practitioner about a class of cases which, in his opinion, called for urgent, prompt operating.

Dr. Bogue said there were a few lessons to be learned from this case. One is the advantage which would follow an early operation, before the blood, or fluid in the abdominal cavity, decomposes. An operation should be made before the irritation from this source is severe. Another lesson is the necessity of a thorough exploration of the abdominal cavity for the purpose of discovering and removing any foreign substance which may be in it. It is necessary to control hemorrhage, by opening the abdomen and having free access to every part of it.

Dr. J. H. Etheridge said that it will be noticed the pulse-rate was high after the operation, which lasted two hours. The question arises, if we cannot account for death on the opinion that it was due to the action of the ether on the cardiac nervous system. Was there acute poisoning from ether, or was death caused by septicæmia? He wished to thank Dr. Park for the report of this case, because it is from the reporting of these unsuccessful cases we obtain the most benefit. He did not believe it would deter any one from doing abdominal surgery, as it had already taken such a rank that the report of one unsuccessful case would not intimidate any surgeon, but enable him to steer clear of difficulties others may have encountered.

The President said: "Your chairman feels somewhat diffident about making any remarks, because his experience in connection with gun-shot wounds of the abdomen was solely in connection with the results of experiments upon the lower animals.

"There is one fact demonstrated by this case, and it stands out in all the cases of which I know, operated upon in man, which corroborates the results of the experiments made by myself, and that is, the necessity of free incision through the median line of the abdomen, without any reference to the course of the bullet, as the best way to get at the injury so as to determine its extent, and to apply the means of repair as well as to secure a clean abdomen. Another item mentioned in the case is the one that blood flowed freely from the bullet-wound while the patient was in the erect position and ceased when he was recumbent. As the bullet passed through parts of little vascularity, this item points to the wounding of some large vessel internally (as was found), and becomes a point of value in the question of perforation. This question of perforation is no easy one to settle positively, even in the best of hands. I am inclined to agree with Dr. Waxham in the opinion that it was not the best plan to remove the patient from his home before operating, notwithstanding his bad surroundings. We must take into consideration the fact that this patient was accustomed to his surroundings, and far less likely to be harmfully affected by them than by the danger incidental to the jolting movements of removal.

"Some of the accidents of the case I am sure would have been avoided by obeying the rule of open incision in the median line. Post-mortem showed considerable old blood in the cavity; this would have been found and removed. The paper states no extravasation of bowel contents was noticed; the non-existence of such condition has doubt thrown upon it by the condition found in post-mortem. The wound in the rectum would have been discovered, and the action of the bowel displayed shows an untouched perforation of its walls; probably the wound of entrance of the bullet. The exit wound is sewed up.

"The manner of closing the external incision, as well as the bowel wounds, should be such as to save time in the operation, by using the continuous cat-gut suture for small bowel wounds and single through and through suture of the abdominal incision. It is pure waste of time to unite the latter in layers.

"It is a matter of some pride and great pleasure to me to know that the principles enunciated by me as the results of experiments on the lower animals (especially as they are ridiculed by some) have so recently been put to a severe but successful application upon the human body. Dr. Bull, of New York, had a successful case of nine perforations, and Dr. J. B. Hamilton, of Washington, D. C., also a successful case with eleven perforations.

"In Dr. Hamilton's case, the only bad happening arose from the formation of a blood tumor—probably, as Dr. Hamilton says, forming from a grazed surface, the bleeding from which could not be controlled. This was subsequently opened through the rectum and the patient recovered. But it is interesting to notice that the patient was in greater danger of his life from this mass of blood than from the wounds in the intestine after they have been closed. It shows also how necessary it is to prevent bleeding by securing, if possible, all bleeding points."

Intubation of the Larynx, with a Report of Five Cases.

By F. E. Waxham, M. D., of Chicago.

Dr. Waxham exhibited a larynx with the tube in situ. He described the manner of performing the operation, as follows, by the nurse holding the child in her lap, with the hands at the side, an assistant firmly holding the head backward. The mouth is held open by a gag placed on the left side between the teeth. The tube, armed with a silk bridle, well waxed, is now secured to the introducing instrument. The right hand manipulates the instrument, while the index finger of the left hand guides safely and quickly the tube over the epiglottis into the larynx, when the introducing instrument is removed and the tip of the finger presses the tube well down into the larynx. We make sure the tube is in proper position by the easier breathing, the tube remaining stationary, and by coughing on the patient attempting to swallow water. The bridle of silk is apt to produce violent coughing, and is generally removed. The latest improvements in the tubes consist in an enlargement of the head of the tube with a backward curve, preventing the tube from slipping into the trachea and allowing the epiglottis to fall during the act of deglutition. There is also an enlargement in the centre

of the tube, allowing it to be more easily extracted. Dr. Waxham reported in detail five cases of croup treated by intubation. One case recovered, one died six days after intubation from pneumonia, the result of unfavorable surroundings. The other cases were not such that recovery could be definitely expected. Dr. Waxham then presented the history of five cases in detail, after which Dr. H. T. B. Ford opened the discussion by saying he had the pleasure of seeing the case reported in which there was a complete recovery. In the contrast between this operation and tracheotomy there are many points in favor of intubation, and there are not many cases in which tracheotomy is indicated that intubation is not, one of its chief advantages being its simplicity. The first case of tracheotomy he had ever performed was a success, and gave him a great deal of encouragement, but the next was such a terrible case, and a failure, that he was discouraged. He had assisted in several tracheotomies, but the difficulties of the operation, the trouble of overcoming the prejudice of the parents against the operation, and the difficulties and bad results following, had caused him to abandon the operation as of little use except in good cases. But when he saw this case, with all the absence of numerous attendants and paraphernalia in the after-treatment, and the comfort and freedom of the patient, he was greatly astonished. The simplicity and safety of the operation and the comfort afterwards, the fact that the consent of the parents can be easily and early obtained, that failure to relieve will not bring discredit upon the physician, and that the tube opens in the throat instead of the external air, leaves no doubt in his mind that intubation, whenever it can be successfully accomplished, will supersede tracheotomy in private practice.

Dr. W. E. Casselberry said he was in constant attendance on one of the cases which terminated unfavorably, but the effect from the operation was such as to convince him of its utility in many cases. In this case the former physicians in attendance had thought the patient had recovered from diphtheria, but the membrane later invaded the trachea. The young child was in *extremis mortis*, and it was decided tracheotomy would be of no avail, and it was not thought intubation would be much better, but in order to give the child a chance it was done. The child lived twenty-four hours, and its last hours were comparatively comfortable. In this case there was considerable difficulty in the introduction of the tube, and it was a lesson to him that practice in introducing the tube on the cadaver might obviate many difficulties in introducing it on the living subject. In the case of this young child the tube attached to the instrument for introducing it made too short an angle to be easily introduced. The idea suggested itself to have a joint in the introducing instrument so as to be able easily to pass the curve of the pharynx. The tube caused no cough or difficulty in swallowing, and was easily withdrawn. A German physician lately states that in 111 cases of tracheotomy under his control, 63 recovered, and an American physician notes 20 cases, of which 9 recovered. It seems from these statistics that tracheotomy is not to be discarded, but we nevertheless will find a large

field for intubation of the larynx. Intubation will be preferable in young children not apt to recover from tracheotomy, in diphtheritic cases, and in case when the friends object to tracheotomy.

Dr. R. G. Bogue said: "I have happened to have something to do with tracheotomy. Where there are a great many inconveniences attending the operation and the care of the patients subsequently, there certainly has been a good deal to commend in its performance in many cases. The number of recoveries after tracheotomy are not few. The gentleman preceding me referred to statistics showing a larger percentage of recoveries than I had happened to know. But those who have operated a goodly number of times have good reason, from its success, to resort to it in many cases. Intubation is a simple operation compared with tracheotomy, and will recommend itself in many ways, and if it proves to be of equal success in saving life, it should be used in preference to tracheotomy. Many reasons arise why it should be used. It is not a formidable operation; parents' consent to it can be easily obtained, and the relief obtained by intubation seems as great as in tracheotomy. After each tracheotomy there is a period of rest and quiet and apparent promise of success, for a period of twenty-four to thirty-six hours, then an extension of the disease into the deeper air passages, or some complication destroys the life of the patient. The benefit of intubation with only this alleviation is apparent. It is to be hoped after a more extended trial it will prove to be of as much, if not more, service than tracheotomy, and it will commend itself to the profession."

Dr. G. C. Paoli said Diffenbach, of Berlin, was the first to use intubation in diphtheria and croup, and a Parisian physician tried it at the time, each without the knowledge of the other's experiments. Diffenbach used an India-rubber tube, but he as well as the Parisian physician abandoned intubation. This is a different method, it is true, but it can never be recommended until we have statistics from those having great experience, in hospitals especially, to prove it preferable to tracheotomy.

Dr. D. W. Graham commended the report as being an effort in the right direction. It shows that intubation has some merit, as a means of treating obstruction of the larynx, and that it is destined to become at least a partial substitute for tracheotomy in diphtheritic croup. From a theoretical standpoint it would seem that there would be some liability of these tubes causing edema of the larynx, if retained in place any length of time, on account of the mechanical pressure on the veins of the mucous membrane. Future observation will show whether they are entirely harmless. However, there does not appear to have been any trouble in this respect in the cases reported.

If this method should become established and recognized, as it now promises, it would and ought to be counted as a new procedure, notwithstanding what Dr. Paoli has said about the efforts of the older surgeons to put the same idea into practice, for whatever has been attempted heretofore in this direction has proved fruitless.

Dr. Waxham, in closing the discussion, in answer to various questions, said the longest time the tube was worn continuously was six days.

Dr. O'Dwyer reports two cases, terminating favorably, in which the tubes had been worn ten days. He never found any edema of the larynx caused by the wearing of the tube. In very young children it is necessary to remove and cleanse the tube. Older children, if not exhausted by disease, will expectorate freely. The previous attempts at intubation in France were not successful, but they were not according to the methods now employed. Trousseau discouraged intubation, and thus French physicians were influenced against it. The tubes must be thin, but their weight is unimportant. He had never found it necessary to use cocaine in introducing the tube, as this operation is generally easily and quickly done.

PHILADELPHIA CLINICAL SOCIETY.

Stated Meeting, September 25, 1885. The President, Dr. Edward E. Montgomery, in the chair.

Dr. J. G. Heilman reported a case of

Empyema.

The case to which I direct your attention is that of E. M., aged 9 years. His family history indicates some tendency to pulmonary disease, but his health has always been good. I was called to see him April 24, 1885, and found him suffering from an attack of measles; the case, however, presented nothing unusual until April 29, when pneumonia, limited to the lower lobe of the left lung, set in, and the case became more serious. Two days later, May 1, I was hastily summoned, and found him suffering with intense pain on the left side of his chest, and excessively nervous. The symptoms suggested pleurisy, which the physical signs showed to be present. An opiate, with counter irritants, afforded relief, but on the following day there was a decided effusion, which continued to increase in quantity until it filled the entire pleural cavity on the left side. Respiration being entirely suspended on that side, the dyspnea was very great. Temperature ranged between 102° and 103½°. The acute symptoms gradually abated, but there was very little decrease in the quantity of effusion. By May 13, two weeks after the beginning of the attack, he seemed fairly comfortable, temperature varying between normal and 99½°. On measuring the chest the affected side was found to be one inch larger than the other. The percussion note was still non-resonant; respiratory sounds and movements were absent. Absorption seemed to have commenced, when the patient's stomach became so irritable that scarcely any nourishment could be given for a week, and the effusion again filled the left pleural cavity, and in spite of quinia, potassium iodide, Basham's mixture, hydragogue cathartics (with tincture of iodine and cantharidal collodion externally), the patient gradually grew worse. The temperature however, during this period, never rose above 100°, nor the pulse above 95, except temporarily after exertion, or following an attack of nervousness. On June 19, Dr. E. R. Stone saw the case with me, and we concluded that paracentesis was the only measure that promised relief. The condition of the patient, at this time, was not so serious as to cause us to suspect the presence of pus.

His appetite was fairly good; he spent a portion of each day on the streets; had fever only occasionally; and slept well. There was dyspnea, but not to so marked a degree as would be expected in a case of this character. On June 23 Dr. Stone and I introduced an aspirating needle into the pleural cavity, and withdrew 18 ounces of pus. No unpleasant symptoms attended the operation, and marked relief was afforded. The lung expanded, and twelve hours later I found a good respiratory murmur at the apex. The improvement was but temporary, and a week later the entire cavity had again filled. We now decided to use the aspirator daily and remove as much of the fluid as the patient could bear.

To obviate the necessity of a daily puncture with the needle, we decided to introduce a tube and retain it in position. With a trocar and canula, such as is generally used for tapping the abdominal cavity, we made a puncture, and after withdrawing the trocar passed a soft rubber catheter through the canula. The latter was then drawn out over the catheter, thus leaving in the pleural cavity a tube to which the aspirator could be attached at any time. As the puncture through the chest wall was no larger than the diameter, there was no danger of air passing in. The tube was held in position by a strip of adhesive plaster, and closed by a wooden peg when not attached to the aspirator.

June 30, 16 ounces of pus was withdrawn.

July 1, 14 ounces.

July 2, 10 ounces.

July 3, 7 ounces.

July 4, 3 ounces.

July 5, 5 ounces.

July 6, 7 ounces.

July 7, 6 ounces.

July 8, 2 ounces.

Total amount of pus removed, 88 ounces.

The aspiration of July 8 was followed by a little blood. From July 9th to the 14th a daily trial was made, but no further discharge took place. On the 11th inst., a little water was injected, but immediately was forced out between the chest-wall and the tube. The lung in the meantime had expanded and an almost normal respiratory murmur was noted over nearly the entire chest; with good percussion resonance. On July 13, I injected water again, with the same result as before. On the 14th, on consultation with Dr. W. F. Buchanan, the tube was removed and the wound closed with adhesive plaster. The left side at this time measured seven-eighths of an inch less than the right.

The patient's condition had now decidedly improved; his appetite was very good and his strength was returning rapidly. He is to-day in very good condition—goes to school, is active in out-door plays, and has gained ten pounds in weight during the past month.

The points of interest in the case are:

1. The length of time during which the lung was compressed, viz: Seven weeks from the beginning of the effusion until the respirator was first used. Eight weeks before a regular systematic effort was made to remove the pus. Yet the lung steadily expanded, as the pus was removed, and filled up the vacuum created.

2. The time required for the removal of the en-

tire quantity of pus, nine days. There was no discharge after that time, and the tube might safely have been removed then.

3. No antiseptic solution was injected; indeed, no attempt was made to wash out the pleural cavity. It is true that a small quantity of water (not more than f. 3 i) was injected twice; but this was done for the purpose of removing any clots that might be obstructing the tube. I am aware that this was not in accord with modern teachings and practice, but it is difficult to see how antiseptic washes could have hastened the recovery of the patient. The aspirator in the treatment of these cases possesses, it seems to me, so many advantages that I can scarcely conceive of a case where we would be justified in resorting to the old method of open drainage. The simplicity of the operation in the one case, and its difficulty and gravity in the other, is a point worthy of consideration. It is a trifling matter to puncture the chest wall with a small trocar and canula; but, in a patient already exhausted, often a most serious one to make two large openings and remove portions of the ribs.

Cleanliness is another point for consideration. In the case just reported not a drop of pus escaped, except when the aspirator was used. There was, absolutely, no unpleasant odor at any time, nor soiling of the patient's clothing; both so annoying where an open drainage tube is used. A still greater advantage, in my opinion, is the control it gives the physician over the expansion of the lung. He can cause it to expand rapidly or slowly, at his pleasure. The expansion being a gradual one, those distressing symptoms which so often result from a sudden removal of the fluid are avoided.

The patient was then exhibited. The two sides of the chest resembled each other in contour. Dr. Heilman said that on measurement, a few days ago, the left side was only $\frac{1}{2}$ inch smaller than the right. Percussion note same on the two sides.

In the discussion, Dr. Collins remarked that he noticed a slight friction sound on the affected side, which was probably due to a deposit of lymph on the pleural membrane; he thought if aspiration had been done earlier there would have been less danger of a deposit. He considered it an advantage to aspirate early; would not hesitate to operate at the end of fourteen days. In regard to the use of antiseptics, he did not consider them necessary, as with the aspirator no air enters the pleural cavity.

Dr. Beates said that in his experience the entrance of air into the pleural cavity had caused no unfavorable symptoms.

Dr. Heilman, in closing the discussion, said that he had used the aspirator as soon as the consent of the parents could be gained—they were very much averse to an operation. The pleural cavity was entirely filled, and there was some trouble in finding the intercostal spaces on this account. He considered that the escape of blood was due to the aspirator.

Dr. Edward E. Montgomery read a paper on "Tracheotomy in Croup and Diphtheria," which will be published in full in the *Archives of Pediatrics*.

MARY WILLIAMS, M. D.,
Reporting Secretary.

5107 Germantown Ave.

NEW YORK ACADEMY OF MEDICINE.

October 15, 1885, the president, A. Jacobi, M. D., in the chair.

Dr. Stephen Smith read a paper on

The Comparative Results of Surgical Practice in Bellevue Hospital,

which necessarily was devoted chiefly to a contrast of the results obtained formerly, when filth prevailed and operations were done in haste, with those obtained at present under the use of antiseptics and perfect cleanliness, and since the introduction of anesthetics has done away with the necessity for quick operations. Fifteen years ago, or before the use of antiseptics, which have since taught us the importance of cleanliness, it was common to amputate a limb, or do other important operations, without even washing the seat of the wound; the surgeon perhaps failed to render his hands perfectly clean, especially the nails; the ligature was carried in the pocket; the instruments were only required to be sharp and free from rust; the bystander was allowed to insert his fingers or hand into the wound without first washing them; there was, in short, every opportunity offered for the introduction of matter which would prevent union by first intention and cause suppuration, septicæmia, and pyæmia. The surgeon expected such results, and his expectations were almost always fulfilled. Now, however, everything was done to secure cleanliness, and to avoid suppuration, septicæmia, and pyæmia, and the surgeon was not disappointed in the results. Even compound fractures, lesser and greater amputations, exsections, etc., at present were not followed by suppuration, but ended in satisfactory recovery. The author pointed out the advantages of the present method of treating compound fractures over that which formerly obtained with the fracture-box; of continued sutures over the interrupted; of the present method of dressing amputation wounds over former ones; of the antiseptic method of treating the ligature and allowing it to remain on the artery; of freely opening and scraping out abscesses, washing them thoroughly and approximating their surfaces; of wiring the fractured patella. He also spoke of the excellent results now obtained in the pavilion for women at Bellevue Hospital, where laparotomies, etc., were performed. Cleanliness was the great object which the surgeon now always sought for, and the means for attaining it were, the use of soap and water to the external parts, carbolic acid solution for instruments, bichloride solution to all surfaces and tissues, and iodoform for external dressings. In other words, the conditions necessary to success were, clean operator, clean assistants, clean patient, clean instruments, clean dressings.

Dr. A. C. Post had been much interested in the lucid account which Dr. Smith had given of recent improvements in surgery. He had been led to doubt somewhat the part played by so-called antiseptics in the successful treatment of wounds, his doubts being founded on the experience of the most eminent gynecologists in Great Britain. The necessity for perfect cleanliness was very plain, and was insisted upon by Keith and Tait. There was no doubt of there having been very

great improvement in the treatment of surgical wounds, but there might be some doubt as to whether it were due to antiseptics or to cleanliness.

Dr. W. Gill Wylie thought that without antiseptics we should not have come to our present understanding of the importance of cleanliness. He believed antiseptics had done much good, but perhaps they had been carried too far, and there was now a reaction, and that reaction was liable to result in harm. He might discard antiseptics if he could always feel sure of perfect cleanliness without their use.

Dr. F. V. White asked Dr. Smith the result of

The Wire Suture in the Treatment of Fractures of the Patella, in Bellevue Hospital.

Dr. W. M. Carpenter had observed the effects of treatment in Bellevue Hospital for many years, and had also made many autopsies, and he could corroborate the author's statement to the effect that there now scarcely ever occurred what is called surgical kidney, etc. Formerly it was of frequent occurrence.

Dr. Smith said it had not been his intention to discuss the question as to the part played by antiseptics, but he might say, since the point had been raised by the gentlemen who had spoken, that he was of opinion that cleanliness was the basis of success, and antiseptics were valuable perhaps only as adjuncts to cleanliness. Regarding wiring the fractured patella, he had adopted that method in seven cases and thought he had obtained bony union, but, of course, he could not be positive of it. He had heard that one of the patients had refractured his patella, the line of fracture being the old one, which had been repaired only by fibrous union; he had supposed it was bony union.

How to Administer Medicine to Swine.

The *American Agriculturist* says: If the medicine cannot be given in his food, as when he has no appetite, or is in great pain, it must be administered direct. To do this is quite difficult, and most farmers give it up, or adopt the homoeopathic treatment, because it is so much easier. When properly managed, it is not very hard either for the pig or the attendant. The pig is caught by a slip-noose in a strong rope, which goes through the mouth, and holds back of the tusks. He will pull back with all his might, and the rope must be made fast, quite short, to the top of a post or fence. Then his legs are secured so that he cannot spring forward. Now, if an old shoe with a hole in the toe is given to him to chew upon, he will champ away upon it as angrily as possible, and the medicine can be poured into his mouth through it—a little at a time, or he will choke, and strangle, and cough. Another way is to hold the pig in the same way, or as for ringing, and to pour the medicine into one nostril, through an oil-can, such as is used for oiling machinery. Either of these methods render it possible to give medicine to a pig as effectually as to any animal, and it is not probable that his rage will have any evil effect, as in the case of a struggling child.

EDITORIAL DEPARTMENT.

PERISCOPE.

An Interesting Case of Monomania.

Dr. E. S. Boland thus writes in the *Boston M. and S. Journal*, April 9, 1885 :

Miss X. consulted me in September, 1883, for what she recognized as a third attack of insanity. Aged thirty-one. She is the youngest of five children. There is no insanity in the family as far as known. She is a Catholic. Naturally amiable, sociable, and intelligent. A graduate of one of the city grammar schools, she declined a proposed normal course and began to learn dress-making with an older sister.

She is of rather slight build, but is fairly well-proportioned and has pleasing features. Her hair began to turn in her teens and is now quite gray. Menstruation began about the age of twelve, but was always scanty and the periods painful. At fourteen or fifteen there was amenorrhœa for a year or more, for which she was treated locally with some benefit. With this exception her general health has been good except during the two former attacks, which shall be referred to later.

When she presented herself she had for some years been employed as a saleswoman in a large dry-goods house. Beginning to feel unequal to her work she took a vacation, but received no permanent benefit. She complained of failing general health and inability to fix her mind on her work. She had an involuntary and irresistible impulse or conception to *repeat every act, word, or thought five times*. This occupied all her waking hours, to the exclusion of almost every other mental operation.

This symptom was present in both former attacks, and she has learned to fear it. The first of these attacks she recovered from at home in four or five months, the second attack lasted over a year, and was recovered from in the Boston Lunatic Hospital. Along with the imperative repetition of everything in a series of fives there was complete menstrual suppression and dreamless sleep. Both these symptoms had again recurred. She knew too well their significance, and was in dismay at the prospect of months of suffering before her. There was some loss of flesh, poor sleep, and great mental suffering. She knows the absurdity of her counting, and felt that it is a great annoyance to her family, and yet she was totally helpless to resist it.

Hospital treatment was advised but was not acted on, and she was treated at home. A liberal diet, wine, and rest was ordered, and iron, quinine, and strychnine, in tonic doses was prescribed, and various combinations of sedatives given for the relief of her broken sleep.

After several weeks of this treatment, no improvement could be seen. In fact, she seemed to get worse. The counting continued on every occasion, the sleep was poor, appetite deficient and irregular, and from standing and debility her feet and ankles became œdematous at night.

Still, her ordinary intelligence was not markedly affected, her memory was good, her hope of re-

covery persisted, and she was keenly aware of her unfortunate and troublesome condition. Hospital treatment was again urged. The friends would gladly have sent her to the hospital, but it was then crowded, and they refused to have her sent to a State hospital. She would not go voluntarily, as she dreaded the surrender of her own way, which commitment implied. She was ordered to bed, and no evidence of heart or kidney trouble being found, the treatment before instituted was continued, both as to medicine and diet. For three months she gradually grew worse. She ate irregularly, sat up in bed, counted, and compelled the rest of the family to count, or repeat anything said or done. If she moved her hand or her body once she *had* to repeat the act five times. If she swallowed saliva once she had to do so five times. She had grown so persistent and noisy that she was kept in an attic room. Here, if she heard the front door closed, she would give the family no peace until it had been closed five times. When I called and took her pulse or examined her tongue she would manoeuvre to have the operation repeated five times.

With failing general health the dominant idea grew stronger. She resisted noisily every effort for her care. Her toilet, her meals, her bedmaking, etc., became occasions of great trouble to her family. She wet the bed, refused food except at night, and kept an elderly aunt, who had the immediate care of her, so busy counting and repeating acts, that she was almost worn out. She opposed any disturbance or change in her clothing, etc., and grew exceedingly dirty and disagreeable-looking. The family were worn out by her exactions, and the neighbors complained to the police of the noise she made.

She was conscious of her state and actually loathed it, showed mortification at being seen in such a plight, but was so inert bodily and mentally she would not try to help herself. There was no turning against any of the family and she realized what a nuisance she was at home.

At this time, May, 1884, a vacancy occurring in the Boston Lunatic Hospital, she was regularly committed. When told she was to go to the hospital she protested, but made less trouble than was expected. She was able to walk up to her room with some help, and was put to bed.

She still counted, sat half erect in bed, and was opposed to any change in room, bed, attendants, etc. She rather protested against toilet requirement, but less so than at home; in fact, was never noisy after admission. She was rational in her talk, and very grateful for what was done for her. Extra diet, tonics, and some sedatives were used, and, as soon as possible, she was made to sit up and go out, but this was not until she had been in the hospital a month. About this time her reflexes were taken, and she wanted the tests made five times. When gotten up she always sat bolt upright in her chair, with a hand on each knee, and her face as set and body as motionless as an Egyptian deity in stone. To propose another place or chair was to distress her very much, and

she would always protest and say, "Just wait a while till I get better."

The tormenting *fives* still controlled her thoughts and actions. It differed from the self-imposed posture, phrase, or trick of the hysterical or demented patient. She realized its absurdity and regretted her submission to it, but is apparently as powerless to resist it as is the epileptic to suppress his fit or automatism. Ordinarily lady-like and stylish, she was now negligent of her appearance, would not use a tooth-brush, and would sit or go out in a wrapper.

There was a slight general improvement for some months, but she was all the time sensitive to any change and shrunk from notice. During October there was a gain in weight and the acne disappeared from her face and her sleep was better.

November 7th, she suddenly felt the cloud lifted and found herself in excellent spirits. The counting was suspended and she was happy as a child. This respite lasted almost two days when she dropped back again, but not so bad as before.

At this date she has almost regained her usual weight, looks bright, talks readily and well, and goes to chapel but does not yet read or work. She begins to dream at night as is her habit in health. She still has to count some at times. She has all through this attack evinced a desire to wait rather than work for her recovery, which she seems never to have doubted would come and which we think will be complete in a few months.

The case might be regarded as simply one of hysterical mania in a girl of degenerative type, for there has been recurrence and there is presumably imperfect sexual development and premature gray hair, etc., but the persistence of the dominant symptom—involuntary counting—hardly admits of being classed among the well-known and shifting vagaries of the hysteric. That she is wilfully indulging this freak of counting I do not believe. She does not parade it, regards it with disgust, and shows genuine pleasure at its disappearance. Viewed in any light these features of her case will strike the observer:—

Her type of constitution; three attacks of gradually increasing severity in which these three symptoms recurred: amenorrhœa, dreamless sleep and imperative impulse to count in *fives*; mental and physical inertia; loss of thought-control; dread of change; hope of recovery.

Acute Croupous Pneumonia Treated with Cold Sponging of the Chest: Recovery.

Dr. J. Stirling Buck thus writes in the *Lancet*, August 29:

On the evening of Sunday, May 31, 1885, I was sent for to see E. L., a robust male aged thirty-five years. I was informed that he had been "ailing for a week or more;" but the evening previous to my being sent for he was seized with severe shivering, pain in the side, and shortness of breath. On examination, I found all the usual symptoms of acute double basal pneumonia. Temperature 104° F.; pulse 120; respiration 48. I ordered jacket poultices of linseed meal to be applied every four hours. I also ordered him a

mixture containing five minims of tincture of aconite, half a drachm of antimonial wine, and five minims of ipecacuanha wine in each dose, every four hours; a diet of milk and beef-tea to be given frequently, and ice to suck.

On June 1st the symptoms remained much the same. Second. I was sent for hurriedly by a message that the "patient was dying." I found him very delirious and suffering with profuse diarrhœa, passing his motions and urine involuntarily. Respiration 60; temperature 106°; pulse 140. I ordered a mixture containing forty grains of aromatic chalk powder to a dose, every two hours for the diarrhœa, and a mixture containing five grains of carbonate of ammonia and an ounce of the decoction of cinchona every three hours. He was given small quantities of good veal broth, alternating with milk frequently, an ounce of brandy every two hours, and ice to suck. Third. I found the patient worse. Temperature 106°; pulse 140, very weak; respiration 80. The diarrhœa had ceased, but he was still very delirious. Seeing that the patient would rapidly die unless something else were done, I ordered the back and front of the chest to be sponged every hour with cold water, continuing the brandy and nourishment as before, and gave him an expectorant mixture, containing five minims of ipecacuanha wine and ten minims of tincture of squills in each dose, every four hours. Fourth. I found a marked improvement. The temperature had fallen to 103°; pulse 120; respiration about 40. Delirium much less, at times breaking out. Treatment continued. Fifth. Much improved. Quite conscious, but very exhausted. Temperature 100°; pulse 110, much stronger; respiration 34. Treatment continued. Sixth. Improvement continuing. Temperature 99°; pulse 100; respiration 30. Cold sponging now ordered only twice a day. Brandy and nourishment continued. Seventh. Temperature normal. Pulse rapid and rather weak, 100; respiration about 25. Treatment continued excepting the cold sponging, which I ordered to be discontinued. Fourteenth. Patient now convalescent; is out of bed for a short time to-day. Temperature normal; pulse 90, stronger; respiration nearly normal. Has a cough. I ordered a mixture of ten minims of dilute sulphuric acid, five minims of ipecacuanha wine, ten minims of compound tincture of camphor, one drachm of syrup of red poppies, in water, every three or four hours. Twenty-fifth. Patient progressing well. Has been out of doors. Cough much better.

On July 1st the patient went away for change of air. On the 27th he returned home and called upon me, and appeared to be quite well. An examination of his chest revealed nothing, and the breath-sounds were good.

Remarks.—Cold sponging of the chest in acute pneumonia is recommended to be used with very great care, or passed over altogether, in many of the text-books on the subject, I believe. This is the first case in which I have ever cared to use it in such an instance; but as I could plainly see that on June 3d he was rapidly dying, and taking into consideration his high temperature and rapid pulse, I determined to do it, with the above happy result. I may add that his brother-in-law, who was most careful in carrying out my orders, was most instrumental in effecting his recovery.

The Microphone as a Diagnosticator of the Entire Physical Organism.

Dr. Edward Joseph Eve, M. D., thus writes in the *Atlanta Med. and Surg. Jour.*:

Having heard some one casually remark some months ago, that on the microphone "the walk of a fly was like the tramp of an elephant," this expression, hyperbolic and exaggerated as it was, yet conveyed to my mind a suggestion which contained an idea. The thought struck me, that this principle of acoustics being established, why not apply it to explore the sounds of the entire physical organism, viz: the sounds of the heart, of the lungs, of the intestines, of the foetal circulation, intra-cranial sounds, muscular sounds, to differentiate aneurisms from tumors, to hear crepitation in obscure cases of fracture, in explorations of the bladder for stone, and many other sounds now under investigation by me.

If argument were necessary to establish the philosophy of its use, the eye furnishes a ready one. The analogy is apparent. If in scientific research that wonderfully contrived organism requires aid in the use of the microscope; if its powers can be supplemented thus by artificial means, thereby aiding us in the investigation of disease, is it unreasonable to suppose that the ear can be supplemented in a like ratio?

The announcement of so startling a discovery will doubtless engender antagonism and meet with unbelief in many quarters. This, of course, is expected. No discovery of any value within the scope of scientific research has escaped them.

I think I now hear an objection offered to its use, the one which will most primarily and naturally present itself. "Even admitting that the results claimed will follow, the sounds turned loose will be so multitudinous, tumultuous, and chaotic, that the diagnostician will be confused all the more."

If this reasoning proves anything, it proves too much.

Shall we reject the useful because environed by that which cannot be utilized? Shall not the wheat be garnered from the chaff? Shall the few not be saved because of the many that are lost? Shall that new and precious alkaloid, cocaine, that blessed anæsthetic, be rejected because of the dross which environs it? Shall quinia, shall caffeine? Shall the eye be forever closed because some trivial objects meet its gaze?

Shall the ear be forever stopped, because some useless sounds vibrate upon its chord? Let us accept the maxim, "*Je prends le bien ou je le trouve.*"

The objection offered against the utility of this electric stethoscope, on account of the multiplicity of sounds it evokes, is too sweeping in its denunciation. It admits of no discrimination. No one, after seriously studying the subject, will make so unphilosophical a statement. By referring to the examples of sound given in the beginning of this article, it will be seen that it cannot possibly apply to many of them, and to the few in a partial degree only. It is in the thoracic region that the greatest difficulties will have to be overcome. In using this instrument, we must first familiarize ourselves with the sounds of an organ, the heart, for instance, in a normal state, and then apply it in like manner to one in a diseased

condition. Thus, by a judicious use of the instrument, founded upon experience, we learn to eliminate the superfluous sounds from such as assist in the diagnosis.

The skilled physician may hear many sounds, many vibrations may strike upon the tympanum of his ear, that will not be transmitted sensibly to the brain, and his attention will not be distracted by them. The eye, in looking intently upon a single object, sees many of which it takes no note.

But while I earnestly advocate the use of the microphone as above presented, and believe that its success is assured, I am not unmindful of the many difficulties which will be encountered in adapting this scientific principle to a practical use. Many formidable obstacles will obstruct the pathway to its new field of usefulness, which will require time, patience, and skill to surmount. We have an example of this in the stethoscope. From what a rude beginning did it rise to its present state of efficiency and exactness. First, the *stethoscope of Laennec*, discovered in 1816—a quire of paper rolled into a cylinder. Then follow a long succession of instruments of various materials, all founded upon the same principle, for the conduction of sound, culminating in that most excellent and ingenious instrument, the *stethoscope of Cammann*.

I now propose the introduction of a principle never before used in stethoscopy, viz: *Electricity*.

I simply throw this out as a crude suggestion, with the sincere hope, that while I am engaged in devising means whereby this idea may assume a practical shape, some other of our profession, more skilled than myself in mechanics, and with better opportunities for the work, may develop the application of this truth.

And I would further suggest that an *audiophone*, constructed on this basis, might, I think, prove of inestimable value to those whose hearing is somewhat impaired.

Thus, we see the microphone, an instrument of comparatively little significance, as now used, suddenly found capable of being converted into one whose application is the most wonderful and useful in the whole realm of acoustics.

I have thus hastily presented a few only of the many points of interest which environ a subject of so great magnitude. May it prove a help to the physician and a blessing to the sick.

Atropo-morphia Solutions.

Dr. Talfourd Jones thus formulates his conclusions (*British Medical Journal*) concerning the conditions that indicate the use of atropo-morphia solutions, in preference to morphia alone:

1. Fairly small and moderate doses of atropine slightly increase the hypnotic properties of morphia. This is a matter of doubt with many; some deny that atropine does this, while others even say it very decidedly lessens the hypnotic action.

2. Atropine in medicinal doses increases the anodyne properties of morphia, and this increased anodynia is more marked in local than in distant injections.

3. Atropine in moderate doses counteracts the depressive action of morphia on the heart, and

lessens the tendency to sickness, giddiness, and faintness; and, by its influence on the circulation and on the skin, it also tends to prevent the clammy sweat, the pallor, and the coldness that morphine not unfrequently induces.

4. In small doses it does not influence, to any appreciable degree, the action of morphine on the respiration; but when given in fair medicinal doses, and, *a fortiori*, in larger doses, it increases the number of respirations per minute, and augments their depth.

We may now apply the preceding conclusions to practical medicine. In a weak, a fatty, or a dilated heart, we incur the risk of inducing a syncopal state by hypodermic morphine; hence it must be used with extreme caution in such conditions, and it is safer to make it a rule to use not morphine alone, but atropo-morphine in such cases. Of course, there are many cardiac troubles and forms of cardiac dyspnoea in which morphine can be used alone with infinite benefit; and this was pointed out long ago by Allbutt and Ringer; but in the preceding states alluded to, and especially in women, it is better to use atropo-morphine. In hepatic, renal, and intestinal colic, in spasmodic asthma, and in ovarian and uterine neuralgia, and in the painful spasms of tenesmus, atropo-morphine is better than morphine; and similarly, in all these conditions, but especially in the last three, atropo-morphine suppositories are much better than those of morphine.

In most neuralgia, and especially in ophthalmic neuralgia, atropo-morphine is the better remedy.

In sciatica, lumbago, brachialgia, and in most forms of myalgia, and in cramp of muscles of the limbs, atropo-morphine is preferable to morphine.

In muscular cramps, I have obtained better results when the atropine has been used in greater relative strength than one in twenty.

For that peculiar condition of breathing called "Cheyne-Stokes," I have found atropine alone decidedly useful; and if morphine for any reason be needed in such a condition, it should be combined with a preponderating dose of atropine.

I find that, during recent years, I have been using atropo-morphine more and more, and I now use it more frequently than morphine, and I rarely use atropine by itself.

Notes of Treatment.

We note the following from the *College and Clinical Record* by Prof. Da Costa:

1. DYSPESIA.—*Causes of Functional Indigestion.*
1. Eating too rapidly. 2. Drinking too much water at meal-time. 3. Improper food. 4. Want of exercise. 5. Too much tea and coffee. 6. Too much tobacco.

Treatment.—Under-done meats and but little bread. No sweets. Pepsin sacch., gr. v., at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calomel. An alkali a few hours after meals when there is great acidity, but should not be used too frequently.

2. DILATATION OF THE STOMACH.—*Treatment:* Dry, solid food; under-done meats; no milk. Carbolic acid to allay fermentation. Wash out stomach

occasionally. Strychnia, hypodermically or by mouth.

3. CHRONIC GASTRITIS.—*Treatment:* Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v.). Milk, with a little meat, may be taken as food. Oxide of silver, gr. $\frac{1}{2}$, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained.

4. GASTRIC PAIN (GASTRALGIA).—*Treatment:* Diet of little importance. Stimulus at meals in small amounts. Morphia relieves at once, but use it carefully. 1. Bismuth, with a little opium.

2. Nitro-muriatic acid, gtt. ij-ijj, diluted, or—

R. Morph. sulph.,	gr. $\frac{1}{3}$
Acid. carbolic,	gtt. j.
Aq. menth. pip.,	ad. f3j. M.

Sig.—Ter die.

4. Fowler's solution, beginning with gtt. j, and increase to gtt. v, ter die.

5. HÆMATURIA.—Treat the cause as well as the symptoms, though the treatment of both is generally the same. 1. Gallic acid, in doses of gr. x-xx, repeated every hour or two. 2. Sulphuric acid, alone or with gallic acid, unless contraindicated by scarlet fever, etc. 3. Fluid extract of ergot, gtt. xx, increased to f3j. All three of the above are reliable remedies.

6. MEDICAL TREATMENT OF DIABETES MELLITUS.—Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, gr. $\frac{1}{4}$ - $\frac{1}{2}$ ter die, is much used in France. Trousseau's plan, with strychnia, is very useful. The salicylate of sodium, gr. x-xv ter die, in compound spts. of lavender and water, is Prof. DaCosta's favorite. Ergot is useful, but less so than the others. The alkaline plan, which is quite popular in Europe, is of value. Aloes or aloin should be used for constipation that may arise.

7. DIABETES INSIPIDUS.—*Medical Treatment:* 1. A course of iron, for its tonic effects. 2. Strychnia is very useful. 3. Ergot gives the best results; absolute cures follow its use; f3ss-j, of the fluid extract should be given ter die.

Acute Meningitis and Catalepsy Following Removal of a Cancerous Cervix Uteri.

The Paris correspondent of the *Brit. Med. Jour.* tells us that M. Déprés, of the Charité Hospital, has published a case of acute meningitis, accompanied by catalepsy, which appeared after removing a cancerous cervix uteri. The patient was a boxkeeper at a theatre, aged 36. Six months before seeking advice, symptoms of epithelioma of the cervix became manifest. M. Déprés, on examining the patient, ascertained that the seat of the tumor was circumscribed, and that the neighboring regions were uninvolved. The general condition was excellent, and all signs of cancerous cachexia were absent. The patient's antecedents were satisfactory; neither arthritis nor cancer had appeared in any branch of her family. She was healthy, but nervous, a condition inherited from her mother. The cervix uteri was removed by the galvanic caustic loops. On July 25, the operation was successfully performed. On the night of the second day, the patient was

seized by a fit of coma, and next morning she was found lying on her back perfectly unconscious, with a small quick pulse, and irregular breathing. During the day the pulsations were reduced to fifty a minute; respiration was assisted, and then recommenced; this phenomenon frequently recurred. No morbid symptoms were discovered on auscultation or percussion; pressure on the abdomen (which was flat) was painless. On July 29, the patient groaned on being pinched, and turned round in her bed; the pulse and respiration were more regular. It was also observed that the limbs remained in the position in which they were placed, which indicated catalepsy, especially as convulsions were absent, and the patient was apparently insensible. This condition continued during two or three days; afterwards she became conscious, and tried to answer questions, but her utterance was slow and evidently difficult; she barely understood what was said to her; the pulse and respiration improved. The temperature fell to 38° C., but this improvement was transitory. A few days subsequently she became comatose, and died. At the necropsy, lesions were observed, proving the presence of acute meningitis. The brain was red, congested, and adherent to the meningeal membrane, principally at the base; the pia mater was especially inflamed. The lungs were congested, the heart normal, neither was there any trace of peritonitis. Near the remainder of the neck of the uterus there was a slight non-purulent exudation. The uterus was normal, without any indications of pregnancy. The right ovary had undergone cystic degeneration, forming a tumor in the hypogastric region, which had been observed during life-time. There were no metastatic abscesses observed, therefore the patient did not die of pyæmia. The lesions of the meningeal membranes explained the cause of death.

The Treatment of Cholera.

The *London Medical Times*, September 26, says: In the course of his remarks relative to the treatment of cholera, Prof. Peter asserted that the first indication was to combat the irritation of the digestive apparatus and solar plexus, for which purpose he applies a large blister to the epigastrium; in plethoric individuals he would not hesitate, he says, to put half a dozen leeches on the pit of the stomach. The pain and the cramps he endeavors to subdue by the hypodermic administration of morphia. He also advises the use of the constant current, one pole being placed on the vertebral column and the other on the epigastrium. Owing to the difficulty that is often experienced in employing electricity, he recommends the use of Chapman's spinal ice-bags as likely to fulfil the same indication, as he mentioned last year of the *École de Médecine*; he has tried this treatment in twelve cases, of which only two proved fatal. Indeed, he seems then to have been even more enthusiastic in its favor than now, though he has had no fresh experience to cause him to modify his opinion. Here is what he then said on the subject—"From the first application there was a notable diminution of the vomiting, of the epigastric pain, and of the cramps. The patients became warm and the pulse perceptible." This

modification of the epigastric pain is interesting, for the ice-bag is far from the epigastrium, but exerts its influence by modifying the innervation of the great splanchnic nerves. In respect to the cramps the same thing occurs. To say that ice applied to the bodies of the sufferers, already algid (almost icy cold) warms them, is a paradox, and nevertheless is not less than the truth. In fact, by putting an end to the spasm of the blood-vessels the blood is allowed to circulate, and consequently the animal heat is generated afresh. In short, ice applied along the spine and the continuous current produce similar results; but the effects of the ice are more durable than those of electricity. This superiority is due to the prolonged application of the ice, whereas the continuous current was only applied during two or three hours each day."

Shock and Nervous Influence in Parturition.

Dr. Henry P. Newman thus concludes an article in the *Chicago Med. Jour.* for August:

1. That we have a higher nervous organization presiding over the process of childbirth and subjecting it to like influences and derangements which obtain in other physiological functions.

2. As civilization advances, the co-relation of mind and matter becomes more intimate and complex, and calls for a proportionate advance in psychological therapeutics, and the application thereof to cases of predominant mental and nervous influences.

3. In many cases of so-called tedious labors the irregular contractions of the first stage are the result of an exalted state of nervous irritability.

4. Active interference is indicated in many cases of protracted labor due to nervous influence, to guard against the dangers of exhaustion and shock.

5. Much is to be expected from judicious prophylaxis. Especially would I urge the necessity of direct professional supervision over the entire period of gestation from the earliest months.

6. There will still remain to be combated social, moral, and educational environments, which we can scarcely expect to see abolished, until the laity, as well as the profession, is better informed as to the deleterious consequences of departure from the standard of physiological perfection in the mothers of our race, and the best means of approximating that equipoise of the mental and physical organization which it is primarily the design of nature to establish.

A New Method of Reducing Downward Luxations of the Humerus.

Dr. Wm. B. Smith thus writes in the *Detroit Lancet* for October:

"The reduction of a dislocated humerus may be conducted on three different plans: by the heel in the axilla, by the knee, or by drawing the arm upwards.

"I now wish to present a fourth plan or way to reduce this dislocation, and as a matter of convenience we will dub it by the name of 'Smith's Plan.' A man presents himself to you with a downward dislocation of the head of the humerus of the right arm. He sits down in a chair, you step to his right side, taking your left arm pass-

ing under his, bringing it up into the axilla, at the same time grasp about the middle of his forearm with your right hand, carrying it across his chest to the left, at the same time giving it a little rotation while you lift up with your left arm; in this way you can apply most any amount of force that you wish, and you will be surprised with what ease the reduction has been accomplished when you hear the snap of the bone as it goes to its place. If it be the left shoulder you will use your right arm in the axilla instead of the left. You simply make a lever of the patient's arm and use one of yours as the fulcrum, while with your other hand you apply the necessary force."

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Official Formulæ of American Hospitals. Collected and Arranged by C. F. Taylor, M. D. 12mo., cloth. Pp. 238. Price, \$1.00. Office of the "Medical World," Philadelphia.

Most hospitals have "house mixtures" and standard preparations of various kinds which they exhibit almost indiscriminately to the ordinary run of cases. These are combinations which a wide experience has shown to be useful in the particular locality, and may be so in others. Dr. Taylor has prepared therefore a useful work, in obtaining from as many hospitals in this country as he could, their standard formulæ. A comparison between them will suggest pharmaceutical combinations to the practitioner, and the practice of these extensive institutions is in a measure disclosed by the formulæ which they customarily employ.

Manual of Diseases of Women, Being a Concise and Systematic Exposition of the Theory and Practice of Gynecology. By Charles H. May, M. D., etc. 8vo., cloth. Pp. 357. Philadelphia: Lea Brothers & Co.

The department of gynecology has developed such an extended literature in the past few years that the writer of the work before us found it would be advantageous to his classes to make a careful synopsis of the views of the leading authors. He has succeeded in compressing them into a volume of moderate dimensions, and though he has not indeed included all that the student should learn, he has caught the leading points of the science, and suggests much that he does not directly teach. As an epitome of the branch, his effort deserves considerable praise.

Inorganic Chemistry. By Edward Frankland, Ph. D., D. C. L., LL. D., etc., and Francis R. Japp,

M. A., Ph. D., etc. Fifty-one illustrations and a plate. Large 8vo.; sheep; pp. 694. Lea Brothers & Co., Philadelphia.

This excellent treatise will not fail to take its place as one of the very best on the subject of which it treats. We have been much pleased, in looking over its pages, at the comprehensive and lucid manner in which the difficulties of chemical notation and nomenclature are cleared up by the writers. It shows on every page that the problem of rendering the obscurities of this science easy of comprehension has long and successfully engaged the attention of the authors.

The text is divided into three parts. The first treats of matter and force, of nomenclature, combination, notation, affinity, thermo-chemistry, and other such general topics. The second part is devoted to the non-metals, beginning with the monad element hydrogen, and progressing to the pentads. Part the third is similarly arranged. Leading the student from the monad metallic elements, potassium, sodium, etc., up to the latest of the hexad elements, the newly-discovered metal Norwegium.

A solid and ample amount of information is furnished on each subject, and the reader is not annoyed by that constant effort at compression at the cost of clearness which he meets in many of the smaller chemical manuals.

The work has a number of woodcuts and one colored plate, illustrating the spectral lines.

Infantile Cerebral Pneumonia.

About one year ago we reported some remarks of Dr. Keating, wherein he said that the cerebral symptoms were sometimes so prominent in children as to distract our attention from the lungs. We now note that the *Lancet* says: "The determination of the locality of an acute inflammation is frequently a matter of great difficulty in infants. Much disease may exist in almost any situation without giving rise to any obvious clinical signs. On the other hand, it sometimes happens that very little disease produces marked symptoms, even the gravest of all symptoms—death. M. Huchard has put on record (*Revue Mensuelle des Maladies de l'Enfance*, 1885,) the case of a child, aged sixteen months, in whom violent convulsions, cervical opisthotonos and coma were present without any meningeal affection, but with croupous consolidation of the upper lobe of the right lung. The greater tendency for marked cerebral symptoms to appear in cases of pneumonia of the upper lobe has been insisted upon by Heinze and others."

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CHOLERA MORBUS VS. HOMICIDE AND SUICIDE.

"No healthy man or woman ever dies in this climate from cholera morbus," was the somewhat startling statement recently made at a gathering of medical men by Dr. W. S. Janney, late coroner of this city. The statement seemed so broad and so striking, that we subsequently conversed with the doctor on the subject, when he reiterated his remark, adding that his experience in, and the records of, the coroner's office would substantiate his words.

He explained that by *healthy* he meant a person without organic disease, and of average strength and vitality; such a person, when *dying* with symptoms of cholera morbus, always dies from poisoning (usually, arsenic), and the case is one of *suicide or homicide*.

The ex-coroner's attention was first called to this matter during his last year of service, when a stout, healthy man, whom he knew well, died after less than thirty-six hours' illness, with symptoms of cholera morbus. Suspecting foul play, though the man had been attended by four regular and reputable physicians, one of whom had signed the death certificate, he instituted an investigation, which resulted in finding enough arsenic to kill a dozen men. His eyes being opened, other cases were examined, and in a short time five or six cases of homicide or suicide (where not the slightest suspicion had existed) were added to the list; and Dr. Janney emphatically states his belief that in this large city hundreds of persons annually die from poison, where the true cause of death is not in the least suspected.

In conversation later with Dr. Bartholow, this distinguished authority said that he had not the least doubt of the correctness of this assertion, while another prominent physician, upon being told of this statement, said that he was repeatedly astonished to find domestic discord in families where to all appearances the most perfect harmony prevailed. That there is a "skeleton in every closet," and that this skeleton very often assumes the shape of uncongeniality between husband and wife, with a penchant on the part of one or both for the society of some one of the

other sex besides their lawful partners, and that to gratify this desire even murder will not be a barrier, we must concede. That such a condition is too horrible to contemplate would be true were it not that a remedy can be suggested. *If the poison could not be procured, the murder or the suicide could not be committed.* Therefore would we advocate legislation that would make a party to the crime any person who should sell any poison to any one without the prescription of a physician known to the selling party. This would reduce the risk of unsuspected murders to the very lowest possible minimum.

COCA FOR THE ALCOHOL HABIT.

In an address delivered before the State Medical Society of Pennsylvania, Dr. Wm. F. Waugh, of this city, related several cases in which he had succeeded in substituting the use of coca for alcohol, in inebriates. He experienced some difficulty in preparing the coca in a form which would be acceptable to this class of patients. At length this was surmounted by Dr. Charles L. Mitchell, of this city, pharmacist, who has devised a form of the leaf which resembles a plug of tobacco, and is used in a similar manner. He calls it *coca-bola*, and it appears well adapted to the purpose.

The question remains, whether anything is gained by the substitution. It is familiar to physicians that in a certain number of cases of inebriety the opium habit can be substituted for that of alcohol. We remember hearing this taught as a student a quarter of a century ago. But only in exceptional cases would a physician's conscience allow him to make this substitution. In most, the remedy would be worse than the disease.

Is it different with coca? A number of cases have been recently published in which its immoderate use has led to a complete break-down of the mental and physical powers. This is no new thing. It may not be generally known, but it is an historical fact that for a long time, while Peru was a Spanish colony, the cultivation of coca was prohibited on account of the disastrous effects the indulgence in it had brought upon the population.

No one can partake of such powerful nervines in large quantities for a long time without undermining the nervous system. In the present tendency to exaggerate the effects of alcohol, we may introduce some other element yet more potent for mischief.

SELFISH ACTION.

Whatever opinion one may hold as to the merits or demerits of the committee which has in charge the preparations for the International Medical Congress, one can hardly fail to condemn the action of those medical journals and physicians who, because their own preferences were not realized, now are endeavoring to prevent the meeting of the Congress altogether.

Because some dozen or so medical men have announced that they will take no part in it, these journals pretend to say that no fair representation of the profession of the United States will attend. If the dozen or so referred to really think so, it is the most astounding case of self-conceit on record. It might be well for them to learn that they are not the sole persons of distinction among the eighty thousand practitioners of the United States.

As we before hinted, much of the trouble has arisen from the desire on the part of some members first appointed to allow irregular practitioners to take part in the proceedings. The ethical license which some New York specialists insist on in order to increase, their consulting practice, is sought to be covertly popularized under the ægis of the International Congress. If the medical profession of this country respects its honorable traditions, or seeks to preserve its reputable position, it will give the cold shoulder both to the petty clique who pretend to embody all its abilities and to the selfish band who would prostitute it to their own self-interests.

MENTHOL.

The ethereal oil of peppermint, known by the name of menthol, has recently been the subject of many investigations by Savignac, MacDonald, Rosenthal, and others. The latest observer is A. Schmidt (*Centr. f. d. Med. Wiss.*, 32, 1885). All

authors agree that we have in menthol a remedy very similar in its effect to cocaine. While it is undoubtedly a narcotic, its action is not like morphia or atropia, from the centre to the periphery, but it has a purely local effect, and, therefore, greatly resembles in this respect cocaine. When applied to the conjunctiva of the eye or to the Schneiderian mucous membrane of the nose it soon caused complete anæsthesia. It also seems to be a good remedy in neuralgia, but appears to act best in those cases where the pain seems to be deep and not superficial. To insure its anodyne or anæsthetic effect, a ten per cent. solution must be employed; one made with alcohol acts more rapidly and promptly than one with almond oil, but is also decidedly more irritating. It may be well to try the remedy in migraine, especially as its simple local application is all that is necessary to develop its anodyne effect.

DIARRHŒA AND FEEDING BOTTLES.

"Baby has the diarrhœa, doctor." "Do you nurse him?" "No, doctor, he takes the bottle." How frequently has this conversation taken place between doctor and mother.

One of the commonest causes of diarrhœa, nasty, persistent diarrhœa, that resists treatment, is the use of the bottle. Yet it should not be so; it is not a necessary accompaniment of the bottle.

But the majority of mothers are careless about keeping the bottle clean. Two bottles should be always in use. When one is emptied, it should be well washed in hot water, thoroughly rinsed, and allowed to stand full of warm water, into which a small piece of washing soda has been introduced, until required for use, when it should be again well rinsed.

Long nursing tubes are abominations, and form ready nests for the propagation of disease germs. We should employ the ordinary rubber nipple, without any tube, and, having several on hand, those not in actual use should be kept soaking in water and soda. If we have good milk, that has not soured, and if we observe these simple precautions, we will soon cure these obstinate diarrhœas without drugs.

NOTES AND COMMENTS.

The Treatment of Syphilis.

The routine treatment of syphilis with some form of mercury, as each individual practitioner may elect, is the custom, and but little intelligent thought is ever given to the matter. If salivation occurs the drug is stopped, if not, it goes on indefinitely until the patient gets tired and stops it himself. Dr. F. R. Sturgis, who is an authority on this disease, writes a very instructive paper in the *N. Y. Med. Jour.*, August 1, 1885, the salient points of which we note.

The chlorides and the iodides are more apt to produce toxic symptoms than other forms. It was observed that the patients who were taking the simple blue pill showed a tendency to pyalism after a meal of salt meat, the salt apparently serving to form the chloride. It is no longer considered necessary to touch the gums, and any symptoms of its toxic effects upon the salivary glands, the gastro-intestinal tract, or other portions of the body, should be avoided, and, before their appearance, the treatment should be suspended or changed.

The simplest form of mercury is the blue mass, two grains of which can be advantageously combined with one grain of iron or quinine, thereby producing a tonic effect.

Mercury should be given until the symptoms have entirely disappeared, then stopped, and recommenced upon the development of any new complications. Dr. Sturgis believes that syphilis is curable, though many relapses will occur, each one milder than the other.

Small doses of the iodide of potassium are useless, and when it is indicated it should be given promptly and in increasing doses, until the disappearance of the symptoms or the advent of toxic conditions compels its abandonment. It is indicated when there is ulceration about the mouth, nose, throat, or parts of the body where there is danger of disfigurement.

Sometimes it is best, owing to the constitutional debility from excesses of various kinds with which these patients suffer, to institute a tonic and hygienic treatment before having recourse to the mercury or the iodide. The iodide of iron is especially useful in these cases, although the citrate and potassio-tartrate are well borne. Cod-liver oil may also be administered.

Besides being given internally, mercury may be administered by inunction, fumigation, the bath, subcutaneous injection, and by suppositories.

The results of the inunction are comparatively favorable, and it has the advantage of leaving the stomach for what it is intended—namely, food and drinks, and not for drugs. After a hot foot-bath, the ointment may be applied to the soles of the feet; woolen stockings should then be worn, and then every step will rub the ointment in.

A mercurial bath may be given once or twice a week, according to the strength of the patient. Lamps are sold for this purpose. The patient is placed on a cane-bottomed chair, stripped, and covered with a blanket, outside of which is a macintosh. A lamp, having a gutter for water and a cup containing mercury, is placed under the chair. The patient is left in this vapor until after the mercury is completely volatilized and he has had an opportunity to cool off somewhat, when he should be wiped off and put to bed for two or three hours, as in the Turkish bath.

When nodes become soft, resist the temptation to put in the knife, for while it is good for an abscess to be opened, it is bad for a gumma, as it admits the air to the bone and necrosis ensues, for which operation is hopeless, as no proper sequestrum is formed. In the affections of the nervous system the remedy should be given promptly and with a free hand. The most unpromising cases get well when properly treated, but the iodide must be given in doses which seem appalling when compared with those beyond which we were warned never to go when we first began to use this drug. One ounce per diem, in divided doses, has to be given frequently. Bumstead reports the case of a patient who took his iodide *ad lib.* He became, in fact, an iodide eater. This rule may be relied upon, that no toxic results will occur until the symptoms yield. The remedy should therefore be carried to that point and then dropped. Symptoms that laugh at fifty will yield to one hundred grains, and the necessity for one hundred and fifty or one hundred and eighty grains need cause no alarm.

Pyrogallic Acid and Collodion for Psoriasis.

In the *New York Medical Journal* for September 5, Dr. George T. Elliot recommended the following formula:

R. Acidi pyrogallici,	3 jss.—3 ij.
Acidi salicylici,	3 ss.
Collodii flex,	3 ij.
M. et ft. sol.	

In using the pyrogallic collodion, the patient should be directed to first remove all the scales by taking a warm bath. After drying the body

carefully, the solution should be freely applied to the lesions, the application extending one-fourth or one-half an inch beyond the edges of the psoriatic spots. This can be done by using a moderately stiff, bushy brush. Care should be taken that the lesions are completely covered with the solution, and the parts which have been painted should remain exposed until they are perfectly dry. A renewal of the application may be made every day if desired, but I have found it quite sufficient to repeat it every second or third day. Removal of the collodion still adhering to the skin is, of course, necessary, previous to each fresh painting, since it is advisable to treat the psoriatic lesions, and not the old coats of collodion covering them.

The results obtained in treating psoriasis with the pyrogallic collodion have been in every way satisfactory. A great change could be seen in the lesions after a few applications. There was an absence of scales and a diminution in the hyperæmia, and the plaques and spots appeared less elevated. The time which was required in curing the psoriasis by means of this solution has naturally varied according to the extent of the disease and the length of time which it had existed.

A Genuine Case of Hydrophobia Cured.

Since considerable discussion has been lately indulged in as to the reality of the existence of such a disease as hydrophobia, we reproduce, in his own words, the case which Dr. H. Emmet Wootten reports in the *Virginia Med. Mo.*, for September. He says:

"On the night of April 15, 1885, I was called to see Henry Dyer, a youth of 16, living with his parents at Bucher's Gap, Coryell county, Texas, who had been bitten by a rabid dog twenty days previous, in the calf of the right leg, taking out a piece of flesh over an inch in length. He was having spasms, and was tied down to the floor with strong ropes. I was told that he had been snapping and foaming at the mouth for six hours, and had convulsions every thirty minutes. I at once administered twenty grains of the bromide of potassium in glycerine and water, and gave him an hypodermic injection of morphia, one-half grain every two hours until the spasms ceased, which they did at 9:30 o'clock on the following day. I applied a blister of subnitrate of bismuth one inch thick to the bitten leg, and kept it there until the third day. It brought away nearly a pint of greenish pus; when the patient was able to leave his room. I attribute his cure to the bismuth and potash. I also gave him ten grains of

calomel the second night, which operated finely. The young man is now well, and has been working every day since as a farm laborer. The dog bit a cow and a sow upon the place, both of which died the tenth day. The dog was killed that day by Mr. Abner Easley, a near neighbor."

The Koch Comma-Bacillus.

This much-discussed little body receives still further attention in a lengthy article in the *Med. News*, August 29, 1885, by Dr. Hermann M. Biggs. After covering the ground very thoroughly, the author terminates his paper with the following conclusions:

1. That Koch's claims as to the discovery of a germ peculiar to cholera, which possesses certain morphological and biological characteristics, that differentiate it sharply from all other germs, have stood the test of investigation by many observers, and remain yet to be disproved.

2. It is acknowledged by all investigators, without exception, that the Koch comma-bacillus is always found in Asiatic cholera in greater or less numbers, and that it is absolutely diagnostic of cholera, whether it bears any etiological relation to the disease or not.

3. That, although it cannot be considered as absolutely proven that the Koch comma-bacillus is the cause of cholera; yet its constant presence in this disease, and its absence under all other conditions, its relation to the course and intensity of the disease processes, and its peculiar life history, constitute very strong presumptive evidence in this direction.

4. Whatever may be the ultimate conclusion of medical men on this question, that still the greatest honor is due to Dr. Koch for having placed at our disposal a method for the diagnosis of Asiatic cholera.

Foreign Bodies Introduced into the Ear.

In the *Med. Press* Dr. Ormsby says that by far the safest and best mode of removal is by means of constant syringing with a strong stream of warm water. Forceps and snares and probes have been recommended, but if the patient happens to plunge, or become violent, in all probability the foreign body may be only driven farther into the canal, and farther out of reach; and particularly with children it is worse than useless to try any method but syringing with a gentle and constant stream of water; perseveringly applied—it seldom fails to dislodge the foreign matter, no matter what it may be. Insects sometimes crawl

into the ear; they may be dislodged by making the patient lie on the opposite side, and pouring water into the affected ear; the insect not being able to go farther back, owing to the membrana tympani, and feeling the inconvenience of the fluid, will beat a hurried retreat through the external opening. If any instrument is used except the syringe, a horse-hair snare may be employed with the least danger of doing injury, and if any exploration must be made with children, they should be placed under the influence of an anæsthetic.

Pathogenic Germs in Healthy Blood.

The Paris correspondent of the *Brit. Med. Jour.* tells us that M. Chauveau, at the Grenoble meeting of the Association for the Advancement of Science, exposed some facts which warranted the belief that the blood of healthy people contains pathological germs, which only require favorable conditions to exhibit their properties. M. Verneuil endorsed this view, and observed that, even when in a condition of apparently perfect health, we are, nevertheless, a sort of menagerie, or hot-house, containing a mass of germs, which develop when a wound or injury provides them with the opportunity. M. Ollier instanced recurring osteomyelitis as a proof of the truth of MM. Chauveau and Verneuil's theories. Sometimes, after an interval of ten years, osteomyelitis reappears. The microbes remain inert until aroused by a provocative, but the disease reappears each time in a milder form, suggesting that the micro-organism becomes attenuated by remaining in the human organism.

The Treatment of Nævus by Ethylate of Sodium.

Dr. Samuel Welch tells us in the *Brit. Med. Jour.*, August 22, that for some months past ethylate of sodium has been extensively employed by him in the treatment of cases of nævus occurring in children, and up to the present he has every reason to be satisfied with its use. He paints over the nævus two coatings of the ethylate on two consecutive days, taking care to protect the surrounding skin before the application, and in all instances of superficial nævi thus treated, has found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or even in some cases a third, repetition of the remedy.

It seems to leave less scar than nitric acid, to cause less pain to the child, and, undoubtedly, of all applications, is the one least dreaded by the mother.

Trigger-Finger.

Apropos of this curious affection, the *Brit. Med. Jour.* says that according to M. Marcano (*Journ. de Méd. et de Chir. Fran.*, 1884), the curious phenomenon called *doigt à ressort* by Notta and Nélaton is the result of a knotty swelling of the flexor tendon by which the peculiar jerk is produced. During flexion and extension, the movement of the finger is suddenly stopped for a short time, and then completed very quickly and violently, as if a spring had been put into action. The jerk can be reproduced experimentally on the dead body by surrounding the flexor tendon with a string, so as to increase its volume. The *doigt à ressort* is observed chiefly in people subject to rheumatism, but an injury may also cause it. In all cases the swelling of the tendon can be made out by careful palpation; it is the rubbing of the nodule against the sesamoid bones, or the sheaths of the tendons, which is the cause of the jerk.

Subnitrate of Bismuth as a Dressing for Wounds.

MM. Gosselen and Heret, in a communication to the Académie des Sciences, discussed the action of subnitrate of bismuth as a dressing for wounds. After operating on rabbits and guinea-pigs, the application of this substance arrested the escape of blood between the suture-stitches or into the wound, and immediate reunion was obtained; the subnitrate of bismuth, though it was not a coagulating agent until the nitric acid was freed, parted with its acid when in contact with the wet surface of wounds, and the blood round the severed arteries was coagulated. In addition to this action, it was also an astringent, a germicide, and a sedative. This salt of bismuth was preferable to hydrate of bismuth, which was neither a coagulating agent nor an astringent; it could be used pulverized, or in solution at 1 per 50.

Boro-glyceride in Skin Diseases.

Dr. Charles Roberts tells us in the *Brit. Med. Jour.*, August 22, that he accidentally found boro-glyceride a most useful remedy for psoriasis and other scaly forms of skin disease, and especially in allaying the itching which accompanies many forms of skin affections. A sample of the preparation sent by the manufacturers happened to reach him while he was treating a very chronic and irritable case of psoriasis with little benefit from the usual remedies, and this coincidence led to the use of the boro-glyceride as a local remedy with very gratifying results, and he has since employed it with success in other cases. The action of the drug is certainly not due to the gly-

cerine alone, as he had already tried that substance without permanent benefit.

Subcutaneous Injections of Urea.

The *Brit. Med. Jour.*, August 22, says that it is stated that numerous experiments performed by Gréhant and Quinquad on dogs and other animals have proved that the subcutaneous injection of a quantity of urée, equal to one-hundredth of the weight of the body, is always followed by death. The animal dies when its blood contains 0.6 per cent. of urea. It is interesting to compare these figures with those found by the same authors in man. In a case of anuria, the blood contained 0.410 per cent. of urea; in retention of urine, 0.278; and in well marked uræmia, 0.215. The presence of a large quantity of urea in the blood did not seem to exert an injurious influence on the contractility of the muscles.

The Treatment of Puerperal Malarial Fever.

The treatment of malarial fever occurring in puerperal women, says Dr. George F. Andra, in the *Detroit Lancet* for September, does not call for special consideration. Such complications as arise from the disturbance of the reproductive apparatus must be met appropriately, and may determine modifications of the general treatment; but a careful study of each case, and proper consideration of the relation of the several symptoms to the pathological conditions will enable us to treat, not the disease as an entity, but a disturbed organism struggling to right itself and throw off the overshadowing malarial incubus.

Cocaine in Cracked Nipples.

Dr. Geo. C. Meeuen writes to the *Boston M. and S. Jour.*, that he has found cocaine to be a perfect anæsthetic in these cases. In three such cases a four per cent. solution was applied with a small brush, in five minutes a second application was made, and five minutes later two of the patients nursed directly from the nipple, the other using a nipple shield. All experienced complete relief from pain. Furthermore, it did not appear to hinder healing of the part. If time is any object, a stronger solution should be used. Washing the nipple before the child nurses seems to make no difference to either mother or child.

Serious Wound of Small Intestine.

Dr. S. Istomin describes, in the *Vratch*, the case of a shepherd-boy, 10 years old, who was tossed by a cow. One of the horns penetrated the abdomen, causing a wound two and a half

centimetres long, out of which several coils of the small intestine protruded. In one spot, the gut was torn to the extent of three-quarters of the circumference. The author sewed it together with twelve catgut sutures, removed a portion of the omentum, and replaced the intestine, closing up the external wound. The dressings were changed on the fifth day, as the temperature was 101° F. Afterwards, there was no fever. The external wound healed by granulation in twenty-four days.

Salicylate Applied Externally.

Dr. Cagnoli mentions in the *Moniteur Thérapeutique* that having as a patient a little boy with rheumatic fever, in whom salicylates produced severe gastric disturbance, he had recourse to compresses saturated with a ten per cent. solution of salicylate of soda and covered with oil-skin, bound round the most acutely inflamed joints. The next day the pain and swelling had disappeared from these and the power of motion had returned to them, while the joints which had not been so treated remained exactly in their previous condition. These latter were afterwards relieved in a similar manner.

Pregnancy After Double Ovariectomy.

The *Med. Press*, September 30, 1885, says that Professor Schatz, of Rostock, reports a case of the above. On January 20, 1880, he removed the left ovary and part of left Fallopian tube from a young woman aged twenty. The right ovary, with the exception of a minute portion two mm. broad on the distal side of the ligature, was also removed. The right tube remained intact. Menstruation continued regular from July 15 of the same year to August, 1884. On May 12, 1885, she was delivered of a full-grown female child.

Water as a Local Anæsthetic.

Dr. W. S. Halsted offers the following propositions in the *N. Y. Med. Jour.*, September 19:

1. The skin can be completely anesthetized to any extent by cutaneous injections of water.
2. I have at times, of late, used water instead of cocaine in minor operations requiring skin incisions.
3. The anesthesia seldom oversteps the boundary of the originally bloodless wheal, but does not always vanish just as soon as hyperæmia supervenes.

Diagnosis of Gastric Cancer.

Franz Riegel (*Berl. Klin. Wochens.*, 12, 1885,) has instituted a series of observations which re-

sulted in the discovery, that in cases of cancer of the stomach, whether accompanied by dilatation or not, the gastric juice evinced an utter absence of free hydrochloric acid. These investigations have since been repeated by others, and all have given the same result, and confirmed, therefore, Riegel's statement. It is said that this absence of free muriatic acid is due to the direct action of the carcinoma on the gastric juice.

CORRESPONDENCE.

Treatment of Quinsy.

EDS. MED. AND SURG. REPORTER:—

In the *REPORTER* for October 3, I r. Free tells us what he knows about quinsy, and says, "in spite of the best treatment, quinsy sometimes proceeds to the formation of pus." Now, what will the doctor say to the statement, that "in spite of the best treatment, itch will sometimes kill the patient." One is about as true as the other. If he will discard his shot-gun prescriptions and use the following, he will seldom have the chance to furnish an outlet for the pus, for the very good reason that pus will not form:

R. Fl. ext. poke-root, 3xj.
Ess. gaultheria, 3j.
Syr. simp., ad. 3iv. M.

Sig.—3j. every three hours.

Locally—

R. Fl. ext. aconite-root, 3jss.
Fl. ext. witch-hazel, ad. 3iv. M.

Sig.—Use as a gargle every hour or two, as directed.

The directions are to keep up the peculiar tingling effect of the aconite very slightly. If the patient cannot gargle, paint the tonsils and velum with a stronger aconite mixture, using a camel's-hair brush. The poke-root need not be pushed to cause emesis, but should be given so as to cause slight nausea. I often use Pond's or Sandford's ext. of witch-hazel, simply because much of that sent out by our large manufacturing houses is absolutely worthless, and more of it spoils on the druggists' shelves. F. R. MILLARD, M. D.

San Diego, Cal.

A Huge Dose of Iodide of Potassium.

EDS. MED. AND SURG. REPORTER:—

For a man suffering from the later sequelæ of syphilis, I recently ordered 40-grain doses of the iodide of potassium. By mistake my patient took a tablespoonful for a teaspoonful at one draught, thus receiving 160 grains of the iodide, having already had 40 grains the same day. From this large dose he experienced not the slightest ill effects, save extreme weakness for several days. Let us hear more about the toxicology of iodide of potassium. X. Y. Z.

—According to the *Popular Science News*, to obviate the hereditary tendency to disease in the young, "wash them, air them, and iron them."

NEWS AND MISCELLANY.

Medical Reflections on Kissing.

The *Cinn. Lancet and Clinic*, quoting from the *Journal de Med.*, says:

Young men should be ever careful to avoid excess in wine and too lascivious kissing.

This is the counsel Horace gave to his friends:

"Ab ebrietate et infamo amore cavendum."

So Doctor Leloir, of the Faculty of Lille, gives the following:

A young man, a little over-stimulated, met a pretty girl at a ball. He took her home and proceeded to kiss her all over, even including her feet in the operation. It so happened that the young lady had some eczema between her toes; the result of all this tenderness was that the young man secured a magnificent infecting chancre, which leads us to remark that kissing between the toes is apt to beget trouble when the lady is a ball-room dancer.

At the Hospital of La Charité a young woman had had a child affected with a chancre on the thigh. This child was bitten by a small snake, and a working man, thinking to save the baby, and that the chancre was the result of a bite, proceeded to suck the wound. The result was a chancre in the tongue that almost destroyed that important organ.

Dr. Leloir reports cases where young married women and engaged girls had chancreoids on their lips from kissing their husbands or men to whom they were engaged. Unfortunately too many men believe themselves cured of a pox when they still have mucous patches on their lips and in their mouths.

One day a young man came to Doctor Leloir and said: "How many days will it take to whiten me?" this being a popular expression in France among young men who have mucous patches in the mouth. "It will take several years," answered Dr. Leloir. "What!" said the young man. "I cannot wait, the banns have been published, and I must be married within two weeks, my future happiness and fortune depend on it." Said Doctor Leloir: "If you do that thing, you commit a crime, and will be a scoundrel. Why, man, 'tis only a few days since that the young Count M. Z., suffering from an incurable pox and not wishing to poison his betrothed, blew out his brains with a revolver rather than destroy his bride's health. He confided the secret to me."

In another case a young girl came to Doctor Leloir for a bubo and chancre, the result of drinking out of a goblet from which a friend with pox had taken a drink.

No matter what the kiss may be, it should be discreetly given. Doctor Leloir then gave instances of where wet-nurses propagated syphilis.

A Patent Medicine Paradise.

The *Columbus Med. Jour.* tells us that a correspondent of the *Detroit Free Press* traveling in the South describes one tendency of the colored population as follows:

If the negroes in the South could read, there would be such a demand for patent medicines, por-

ous plasters, pills, and stomach bitters, as would force every manufacturer to double his help and capacity. The negro is always ailing. No matter how healthy he looks or how strong he seems, he believes himself afflicted. If he could read almanacs and circulars, he would think so twice as strongly.

At Dalton, Ga., I saw a big fellow pick up a barrel of flour as easily as I could have lifted a twenty-five pound sack, and when I complimented him on his strength, he replied: "Yes, boss, I seems powerful strong, but you doan' know what what a hard time I has of it. Ise got liber complaint, dyspepsia, and consumption, an' I reckon I won't neber see snow fly again."

I asked him what remedies he had been using, and he replied that he had been taking the dust of burnt leather and mixing it with cold tea. Nothing whatever ailed him, but if he could have got hold of ten dollars he would have used eight of it in buying medicine.

I was in a livery stable at Marietta, when a man came in with a bottle of prepared Jamaica ginger. One of the colored men employed about the stable, who hadn't lost a day for years, and who looked as rugged as a mountain, looked at the bottle three or four times, and then asked:

"What yer got dar, Kurnel?" "Something for apoplexy," was the reply. "Would ye mind givin' me a sip of it, kase my apoplexy has been takin' on in de moas' drefful manner fur de las' week?" "You can take a pull if you wish to." The cork was drawn, and the negro lifted up the bottle and took three heavy swallows of the fiery stuff. The next three minutes were the longest and hottest ones he ever saw, but as soon as he could speak he remarked:

"Ah! but dat stuff seems to hit de right spot. I reckon it will cure up my apoplexy all right, an' like 'nuff I may light on sumthin' else good fur congestion of de lungs an' water on de brain."

Wine in Paris.

The *Chemist and Druggist* tells us that Dr. Mag-nier de la Source has made a careful investigation as to the degree of adulteration practiced on the wine consumed in Paris. It appears that the octroi returns show an average annual import into Paris of 5,000,000 hectolitres (equal to 100,000,000 gallons) of wine of all qualities. The author considers that he would be quite within the mark in estimating the quantity of liquid actually drunk as wine at 20 per cent. above this figure. He estimates this from the prices at which wines are sold by the retail dealers, which commence at 6d. the litre (1½ pints). The universal habit of diluting wine by the retailers has occasioned a demand for a highly-colored wine, strong in alcohol and yielding a good proportion of extractive matter. To meet this demand the producers in turn have had to resort to artificial coloration, and the addition of glucose, or the pressings from dry grapes, and the addition of alcohol, or, what is cheaper, of some of the highly-fortified wines of Spain or Italy. The vigilance of the municipal laboratory officials has, however, nearly eliminated by this time the two first-named frauds, but the addition of alcohol, which is very difficult to prove, is still largely continued. The author has tabu-

lated his analyses of Paris wines in the two years 1883-4, and finds that less than four samples in a hundred contain less than 8 per cent. of alcohol. Wines containing from 11 to 14 per cent. of alcohol are extremely rare, but those containing from 14 to 16 per cent. constitute more than 40 per cent. of the total. The table seems to show conclusively that natural wines generally contain up to 10 or 11 per cent. of alcohol, and that when they are fortified an average of 15 per cent. is usually adopted.

The Anus Mistaken for an Undilated Os.

The following, which is related in the *Med. Age*, is liable to happen to any young doctor: A young man, fresh from college, whence he came with honors and medals, was sent by his father, a practitioner of fifty years' standing, to attend a case of labor. The woman was in the throes of labor, but the young man, on making digital examination, found the os undilated. After waiting an hour, another examination showed no improvement. He then applied belladonna ointment, and sought to use forcible dilatation. But another hour passed by, and in spite of faithful work on the part of mother and doctor, there was no dilatation. Becoming alarmed, the young man went after his father for assistance, but before he returned with the old man the child was born. He could not understand how such a thing could have happened. The old gentleman on examining the child discovered how it all was. The child's anus was red and patulous, and was liberally besmeared with unguentum belladonnæ. The worthy son of the noble sire had struck a breech presentation, and had actually mistaken the anus for an undilated os.

The International Medical Congress.

The *London Lancet*, October 17, 1885, says:

"In spite of further resignations which we announced last week, we still find it impossible to believe in such a catastrophe as the miscarriage of the plans for holding the International Congress of 1887 in Washington. Two years is a long time, and more than enough to make clear to everyone concerned what an injury would be done to the fair name of the profession in the United States by such a failure. It is very doubtful if any organization exists which is competent to change the place of meeting of the Congress, or if any body that might think itself competent would venture on an act which would be regarded as one of doubtful courtesy towards the profession in the States. Be this as it may, we trust to the good feeling of our American brethren to put forth every effort to remove every obstacle to the visit which the profession in Europe has been putting down in its diary as a thing to be done in 1887. A new executive has been appointed, to whom the management of the Congress has been entirely transferred. This committee will have all the powers which the original committee thought it had, but which the American Medical Association decided were not entrusted to it. The executive will be completely independent of both the Committee of Arrangements and of the American Medical Association. The Association should not be too harshly judged

in this matter. It is quite true that it represents a comparatively small part of the medical profession of the States, but it is the largest professional organization, we presume, in the States. And the invitation conveyed to the Congress, which the Congress accepted, was an invitation conveyed by a committee appointed for the purpose by the American Medical Association. It is only fair, too, to admit that in regard to the United States the action of an Association is much more important than in older countries. The profession there is less perfectly organized and more heterogeneous, and a little more apt to run into irregularities. We think the Association is doing well in making itself less and less, that the profession may be more and more; and we sincerely trust that all members of the profession will put the best construction on its action, and remember that, but for it, the Congress might never have had an invitation to the States at all."

The *Lancet* is correct, the Congress will be held, and it is the duty of every physician to stand by the American Medical Association in this unnecessary controversy.

The Adventure of a Barber-doctor.

A well-known barber in this city has among his customers a prominent physician. Some time ago the physician mentioned to his barber, whose name is John, that he had received a pass to Atlantic City, and, as he did not care to use it, he would present it to him. John joyfully accepted the pass, and the following Sunday started for the city by the sea. Just outside of Camden, the conductor came through, carefully examined the pass, and scrutinized its holder. In a few minutes he came rushing back, and, addressing the astonished barber, said: "Doctor (calling him by the name on the pass), a lady has been taken very ill in the forward car. Please go in and see what you can do for her." John was pushed into the other car in an utterly dazed condition, and found a lady had fainted. Her husband was chafing her hands, and the conductor informed him that he had brought Dr. —, the celebrated physician, who would, no doubt, bring her around. John, by this time, had recovered his senses, and commanded that the window should be raised. He then asked if any person had some brandy (he had a flask in his own pocket, but did not dare to produce it), and when it was brought he moistened the woman's lips and rubbed her forehead with ice water. In a few moments she recovered, and her husband publicly thanked the "doctor" for his skill and kindness.

All pleasure had flown for the unhappy barber. The conductor on every trip through the car addressed him as "Dr. —." Upon his arrival at Atlantic City, John feared that he might be denounced as a fraud, and slunk around the back streets until the first train left for Philadelphia, when he paid his fare and returned home, vowing that he would never travel on another man's pass.

Heredity and Insanity.

The *London Med. Times* tells us that Dr. Manning, the Inspector-General of the Insane in

New South Wales, has investigated the family history in twenty-one families where two or more of the children were afflicted with mental weakness, the result of his labors being given in a short paper in the *Australasian Medical Gazette* for August. The 21 families yielded a total of 82 children, of whom 50, 29 males and 21 females, were imbecile or idiotic. In five of the families the parents were related, in two being first cousins, and in three brother and sister; in three families nothing was known of the parents, and in the rest it was ascertained that there was no blood relationship between them. In only one of the families could no insanity be traced amongst the relations of either parent; in three no information could be obtained; whilst in the rest a strong family history could be made out in nearly all; and in five there was an insane inheritance on both sides. Dr. Manning concludes that in a large proportion of cases, idiocy is dependent upon hereditary influences, and that the marriage of those who are or have been insane, or in whose families insanity is known to exist, ought to be discouraged as much as possible. As regards consanguineous marriages, he agrees with Dr. Withington, that apart from inheritance they are not injurious.

Materia Medica Specimens.

Messrs. Parke, Davis & Co., of Detroit, have prepared a case containing sample specimens of crude drugs for the purpose of study, including those which have been recently introduced. Such specimens cannot fail to be of great service to students, and also to practitioners.

The collection includes all the crude drugs of vegetable origin that are of any importance in the materia medica, and thus furnishes the indispensable supplement to such text-books as Sayre's *Conspectus of Organic Materia Medica*, or Maisch's *Manual*.

Each specimen is put up in a little box, with a label bearing simply a number, an index or key accompanying the case. The index being alphabetically arranged, enables the student to find any required specimen without difficulty, while the absence of names on the labels enables him to practice himself in the identification of drugs.

The specimens are put up in neat turned-wood boxes, arranged in a convenient black-walnut case. The price is \$10.

Longevity and Riches.

The *Medical Record* tells us that Joseph Körösi, of Buda-Pesth, in a paper read before the Association of Hygiene, in Berlin, last year, presents some figures regarding the effect of the pecuniary status on longevity. Excluding deaths in infancy, he finds, taking his observations from a period of eight years, that the rich class had a longevity of 52 years, the middle class of 46 years 1.1 month, the poor class of 41 years and 7 months. In the matter of susceptibility to infectious diseases, he finds that cholera, small-pox, measles, and typhoid are more prevalent among the poor, and diphtheria, croup, pertussis, and scarlet fever among the well-to-do. Zymotic diseases, as a whole, were sixty per cent.

more frequent among those living in basements than in higher domiciles. But the increase in fatality in underground tenements applied only to certain diseases, as especially measles and whooping-cough, while diphtheria and scarlet fever were ten per cent. less frequent than in families living above ground.

Novel Scheme for Local Advertising.

The *Washington National Republican* tells of a new system of local advertising hit upon by an East Washington pharmacist. An enterprising little urchin entered his store not long since with about a yard of peach kernels strung on a thread. Though having no use for them, the kind-hearted druggist gave the boy a cent for them, hung them in his window, and forgot the matter. The news spread, and yards upon yards of kernels were brought in. The druggist, thinking it a good way of gaining notoriety among the young America, made a standing offer of one cent per yard.

At last reports about 200 yards had been brought in, the daily receipts amounting to about thirty yards. The boys, in cracking the peach stones, generally crack their fingers too, and come in to the druggist with two cents' worth of peach kernels to sell and fifty cents' worth of sore finger to be bound up—forty eight cents net gain to the druggist. But the two cents is available for taffy, and "pa pays the druggist's bill."

To Sharpen Razors.

The *Med. Age* says that doctors are sometimes their own barbers, and a hint as to a good way to keep their razors sharp may not be out of place. Mix fine emery intimately with fat and wax until the proper consistency is obtained in the paste, and then rub it well into the leather strop. Prepare the emery by pounding thoroughly in a mortar the coarse kind, throwing it into a large jug of water, and stirring well. Immediately the large particles have sunk, pour off into a shallow plate or basin, and let the water evaporate. Another recipe is levigated oxide of tin, prepared putty powder one ounce, powdered oxalic acid $\frac{1}{4}$ ounce, powdered gum 20 grains; make into a stiff paste with water, and evenly and thinly spread it over the strop. With very little friction, this paste gives a fine edge to the razor, and its efficiency is still further increased by moistening it.

Elements of Success.

Ruskin says: "Be assured, my friend," we say to the laboring man, "that if you work steadily for ten hours a day all your life long, and if you drink nothing but water, and live on the plainest food, and never lose your temper, and go to church every Sunday, and always remain content in the position in which Providence has placed you, and never grumble nor swear, and always keep your clothes decent, and rise early, and use every opportunity of improving yourself, you will get on very well, and never be sent to the poorhouse."

Toads as a Tonic.

A Hamilton, Cal., paper says a Chinaman has

devoted the whole summer and fall to gathering horned toads, which are very numerous on the red hills, and are as much dreaded as rattle snakes. Recently he made a shipment of 2,000 of the toads to San Francisco, from which place they will be sent to China. The toads are there converted into various kinds of medicines, which sell very high. For the cure of chills and fever, they are said to be the finest thing known. A toad is placed in a flask of whisky for several weeks, and then the stuff is sold as a tonic.

Booming Doctors.

The *Canadian Practitioner* calls attention to a new style of working up the doctor in a western town. A druggist gets out a printed fly-sheet, extolling the qualities of his drugs, dye-stuffs, paints, oils, etc., and also the transcendent abilities of the doctor who has "rented the office over my drug store." This is said to be done entirely without the knowledge of the doctor, who, however, shows his gratitude by giving a certificate, which appears in another fly-sheet, highly recommending the druggist's "Cream Flake Baking Powder."

An Unusual Accident.

An accident occurred at the Mint, in this city, a few days ago, which fortunately did not result seriously. Two daughters of Joseph W. Drexel, of New York, in company with their uncle, Mr. Lankenau, were being shown over the Mint by Superintendent Fox, when an explosion of acids occurred, and much of the corrosive fluid was thrown upon the clothes of the ladies and their escort. Fortunately, they were not burned, but their clothing was ruined. The accident is an unusual one, and might have been serious in its results.

A Warning to Deck-Hands.

A deck-hand on the Camden ferryboat Baltic met with a singular and painful accident last Saturday night. While the boat lay in the slip he crawled out of a window of the ladies' cabin to recover a child's hat that had fallen out. While on the boat's guard it started and he was rolled between it and the piling. He received internal injuries.

Alcohol and Chloral in the Same Prescription.

The *Medical Age* says that no preparation containing alcohol should be put in a prescription with chloral hydrate, and especially so when the bromide of potassium or of sodium also enters the prescription. If the solutions are at all concentrated, the chloral will separate as an alcoholate, float on the surface, and thus give rise to a great risk of administering an over-dose, unless the bottle is "well shaken before taken."

The Doctor's Cathedral.

The *Medical Age* says that the woman who requested her doctor to bring his urethra with him, is now equalled by her sister who asked her doctor to bring his cathedral. The doctor in the latter instance resolved to first try his catheter. He found that quite large enough for the emergency.

To Remove Immediately the Taste of Cod-Liver Oil.

Dr. Antonin Martin recommends the drinking of a large glass of water off rusty nails. Immediately the rank taste of the oil is changed to that of fresh oysters, and the unpleasant regurgitations disappear.

A Homœopathic Fee.

A Paris homœopath having sued a duchess for a fee of 600,000 francs, obtained a judgment for 84,000 francs, but was ordered to pay all the costs himself.

Small-pox in Massachusetts.

Small-pox has made its appearance at Springfield, Mass. The victim caught the disease from a cousin who came from Montreal.

Items.

—In a Polish medical journal a case is mentioned by Dr. Baroncz, which occurred in the clinic of Professor Mikulicz, where a cancer of the pylorus was extirpated by Wölfler's method of gastro-enterotomy, and the patient recovered.

—The St. Petersburg medical papers state that in a convent at Lebedin, in the Kharkov Government, Russia, there are now living two nuns whose respective ages are known, on reliable authority, to be 100 and 112.

—The *St. Petersburg Med. Woch.* says that the expense of examining swine's flesh for trichinae in Berlin amounts to over \$59,000 per annum. In the whole of Prussia four million swine were examined, 2,000 being found to be trichinous.

—The Trustees of the University of Pennsylvania are having repairs made to the walls of the college building. The east tower had settled considerably, and the walls were cracking in many places.

—A gentleman well known to the scientific world, M. Bertrand, Director of the Professional School of Versailles, was burnt to death in a vapor bath a few weeks ago. The accident seems to have been due to the addition of some essence of turpentine, the vapors of which caught fire from the flame of a spirit-lamp employed in the apparatus.

—According to M. Lagneau, the well-known statistician, there is a lower rate of mortality among bachelors under twenty-two years of age than among married men. Above that age, the contrary is observed, and married men live longer than bachelors. Among bachelors, 38 per 1,000 are criminals; among married men, 18 per 1,000.

—The French police have forbidden the sale of a dangerous toy known as the "bombe Courbet." It resembles a thimble, and is filled with powder; when thrown on the ground, it explodes. It has caused several accidents, and the authorities have seized every sample that they could find for sale, and have forbidden any further manufacture of these bombs.

—The spinning-wheel has been prescribed as a cure for insanity. It was introduced into the asylum at Douglas, Isle of Man, as something that might amuse the patients, and they forthwith

became so interested in it, and in the idea of contributing to their own support by its use, that the direction of their nervous force was changed, and their condition greatly improved. Experiments are to be tried in other asylums.

—Dr. José Armangué, of the Barcelona Faculty of Medicine, writes in the *Independencia Médica* an account of two cases in which he believes a prolonged use of iodide of potassium produced impotency. Both had had syphilis several years before, and had taken large quantities of iodide. The treatment, which was pursued with considerable success in both cases, consisted mainly of stopping the drug, together with cold affusions, electricity, and nux vomica, ergotine, musk, jab-berandi, and valerianate of quinine.

—In consequence of a report drawn up by M. Pérouse, engineer to the Seine Navigation Bureau, the prefect of the Seine has decided to suppress the floating washhouses moored in the river along the quays of Paris. Thus, for the sake of the health of the Parisians, and their numerous visitors, one of the last of the characteristics and picturesque features of Old Paris will shortly be swept away.

—M. Leudet, of Rouen, described, at the Scientific Association at Grenoble, a form of hypertrophy of the mammary gland observed in tuberculous men. This lesion is distinguished from that of tubercular mammary glands by invading the entire glands. It is generally consecutive to other tubercular lesions, those of the lungs and pleura; it is very painful, does not suppurate, and terminates by resolution.

—M. Bouley, at a recent meeting of the Académie des Sciences, presented a memoir of M. Arsène Drouhet, of Paris, on the treatment of cholera. He recommends painting the abdomen over with collodion. M. Marius Partrité, who practices in the War Department, appends a few pages to M. Drouhet's pamphlet. Last year he treated a great many cholera patients, and affirms that he effected some unexpected cures with M. Drouhet's remedy.

—In a pamphlet recently published Dr. Moncorvo has advocated the employment of cocaine in pertussis. The hydrochlorate of cocaine is used as an adjunct to the treatment of the malady by resorcin, for which Dr. Moncorvo stands sponsor. The upper parts of the larynx are first to be mopped with the 1 per cent. solution of resorcin, and then a ten per cent. solution of hydrochlorate of cocaine is applied. The cocaine should be used frequently.

—After discussion amongst the medical staff of the Granada Hospital, it was decided to try the effect of etherization per rectum for cholera, in the hope of destroying the vitality of the cholera bacilli. Fifteen patients were subjected to this plan of treatment. Two of these were convalescent within twenty-four hours. One of the patients died, and twelve progressed favorably.

—At a recent meeting of a St. Petersburg medical society, a member mentioned that, while he was injecting ether through a Pravaz's syringe into the pleural cavity of a child with purulent exudation, the needle suddenly became detached

from the syringe, and disappeared into the pleural sac. In a few hours the child was dead. This shows that the fastening of the needle should be carefully examined before use. It was mentioned by another member that Pel, of Amsterdam, had, for this reason, advised that the needle and syringe should both be of metal, and all in one piece.

—According to a Paris correspondent of the *Philadelphia Medical Times*, it was stated in a paper by Dr. Block, "On the State of the Prepuce in Infant Jews," that two operators had made some four thousand seven hundred and ninety-nine circumcisions. They found that they very often had to operate on rudimentary prepuces not covering the glans. In more rare cases (one in five hundred, about) an absence (complete) of the prepuce was found.

—Dr. Cheize, in the *Glasgow Medical Journal*, writes that, wishing to remove an ingrowing toenail, and being without a spray-producer, he covered the toe with a pledget of the size of a crown-piece, poured ether on it, and evaporated this by means of a pair of bellows; in five minutes anesthesia was complete, and lasted while the nail was removed and the matrix seared with the actual cautery.

—The *Medical Age* says that the meanest man living has been discovered in Oakville, Canada. His wife was ill, and the doctor ordered wine. As a good article was not procurable at the ordinary places of supply, the doctor furnished some from his own cellar. The woman died, and when the medical attendant's bill was presented, the broken-hearted widower declined to pay it because his beloved wife had not been saved. Compelled, however, by process of law, to liquidate the account, he took his revenge by making a complaint against the doctor for selling liquor without a license. If there is a meaner man than that living, we don't want to know where he exists.

QUERIES AND REPLIES.

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DEATH.

DIVINE.—October 2, 1885, suddenly, Fannie Calhoun Divine, aged 44, wife of Dr. K. C. Divine, of Atlanta, Ga.